



THE MACS FINE ARTS CENTER AT
CHARLOTTE CATHOLIC HIGH SCHOOL

DONOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

VISIT WWW.PLAYINGYOURPART.ORG TO DONATE OR PLEDGE ONLINE

CAMPAIGN PLEDGE

☐ I/We pledge to the *Expanding the Vision, Honoring the Tradition* Capital Campaign:

Amount of Gift: _____

Initial Payment: _____

Pledge Balance: _____

☐ My gift will be matched by my company:

Company: _____

OFFICE USE ONLY

Diocese ID: _____

Received Date: _____

Acknowledged: _____

Company ID: _____

TIMING OF GIFT

I/We intend to pay the balance as follows:

☐ Monthly

☐ Quarterly

☐ Semiannually

☐ Annually

METHOD OF PAYMENT

☐ Cash/check (make payable to "CCHS Capital Campaign")

☐ Credit Card (see below)

☐ Automatic Withdrawal
(see below)

☐ Stock*

☐ Other*:

* The Charlotte Catholic High School Advancement
Office will contact you for additional information.

Start Date _____ for _____ years.

SIGNATURE

Signature: _____ Date: _____

CREDIT CARD INFORMATION:

You may charge my credit card \$_____ (check one)
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
to fulfill my pledge of \$_____.

☐ American Express ☐ MasterCard

☐ VISA ☐ Discover

Name on card: _____

Expiration date: _____

Account Number: _____

AUTOMATIC WITHDRAWAL INFORMATION*

You may electronically transfer \$_____ (check one)
☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
to fulfill my pledge of \$_____.

All EFTs will be taken on the 15th of the month after authorization.

PLEASE CHECK ONE

☐ Checking account (must enclose voided check) or

☐ Savings Account (must enclose a voided check from savings account)

Bank Routing Number: _____

Account Number: _____