

CHRISTIAN ACADEMY OF THE CUMBERLANDS GIFT FORM

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

GIFT

- I/We commit to a monthly gift of \$ _____
- I/We commit to a one time gift of \$ _____
- I/We would like a representative of the school to visit with me/us regarding gift options.

GIFT TYPE AND RECOGNITION

- I/We would like our gift used as best provides for the school.
- I/We would like our gift to be used as a sponsorship/scholarship and be credited to the account of the following student(s): _____
- I/We would like our gift to be given In Honor of, In Memory of (circle one):

- I/We would like this gift to remain anonymous.

GIFT PAYMENT

- I/We have enclosed our gift.
- I/We have already included Christian Academy of the Cumberland as a beneficiary in my/our estate plans.
- I/We authorize Christian Academy of the Cumberland to charge my/our Mastercard or Visa as follows:
Name on Card: _____
Card Number: _____ Expiration Date: _____ CVV: _____
- I/We authorize Christian Academy of the Cumberland to charge my checking or savings account.
(Please complete the following section for Electronic Funds Transfer.)

Electronic Funds Transfer Authorization Agreement for Pre-Authorized Payments

- I/We hereby authorize Christian Academy of the Cumberland to charge my/our checking or savings account in the amount indicated below. I/We further authorize the bank to debit the same to such account. **Please include a voided check with your form.**

Name of Financial Institution: _____

City, State, Zip: _____

Bank Transit/Routing Number (First 9 numbers on the bottom of the check): _____

Account Number: _____

Checking Account Savings Account

Monthly amount of \$ _____, beginning the 1st of _____, and continuing until written notice has been given to end the contributions.

Signature: _____ Date: _____

Signature: _____ Date: _____