

Donor Information:
Name(s)*
Company (If donation is not personal)*
Address
City, State, Zip
Best Contact PhoneBusiness Phone
Email
Pledge Information:
to Cole Valley Christian Schools.
This donation will be fulfilled over:
☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ One Time Gift
I wish to pay our contribution in the following:
Installments of \$
Beginning (month/year)
This donation will be made in the form of (check all that apply):
☐ Check ☐ Stock ☐ Credit Card ☐ Electronic Funds Transfer (EFT) ☐ Property
Matching Gifts: I (we) work with a company that will match my (our) gift.
(company name)
Donor Recognition:
I (we) understand my (our) name/company name will be listed as I (we) have written above. *
I (we) wish to remain Anonymous.
My (our) gift is in the Honor/Memory of:
Please make checks payable to: Cole Valley Christian Schools (CVCS)
Donor Signature(s)Date_  Cole Valley Christian Schools is a 501( c )( 3 ) tax-exempt organization. Gifts are tax deductible to the extent provided by law. EIN: 86-2425049