



THE MACS FINE ARTS CENTER AT  
CHARLOTTE CATHOLIC HIGH SCHOOL

## DONOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 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)

☐ Stock\*

☐ Automatic Withdrawal  
(see below)

☐ 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: \_\_\_\_\_