



PREPARED TO GROW

A NEW HOME FOR CHILDREN'S COMMUNITY SCHOOL

Donor Information

Name(s) _____ Business Name _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ Email _____

Pledge Information

I(We) pledge a total gift of \$ _____ Amount enclosed \$ _____ Remainder pledged \$ _____

Remainder pledged to be fulfilled by this date: _____ OR

I(We) wish to have the remainder of our pledge fulfilled over a period of 1 2 3 year(s)

By way of Quarterly Semi-Annual Annual Other _____

Installments of \$ _____, beginning (month/year) _____

This donation will be made in the form of Check Credit Card* Stock

Please Charge my Visa Mastercard American Express

Cardholder Name _____

Credit Card Number _____ CVV Code _____ Expiration ____/____

I would like to cover the credit card transaction fees in addition to my donation.

Does your employer have a matching gift program? If so, please contact us using the information below.

Donor Recognition

Please use the following name(s) in all acknowledgements:

This gift is being made in Honor of: Memory of: _____

I(We) wish to remain anonymous

Donor Signature(s)

By signing below, I(We) agree to pay the full pledge indicated on this form.

Donor Signature: _____ Date: _____

Please send this form and your donation to:

Children's Community School
211 Parkway Drive
Mount Horeb, WI 53572
EIN: 39-1247212

Children's Community School is a 501(c)3 organization. Your donation is tax deductible to the greatest extent allowed by law.

Please direct any questions to Capital Campaign Chairperson, Becca Thompson at PreparedtoGrowCCS@gmail.com or (608) 720-9897.