



British Columbia Christian Academy

"Catch the Vision"

Pledge Form

Last Name: _____ First Name(s): _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please check your preferred payment option:

- Monthly Payments:** Total Pledge of \$ _____ to be paid in monthly installments of \$ _____ beginning _____ (date).
- Single Payment:** Total Pledge of \$ _____ to be paid in a single payment by _____ (date).
- Annual Payments:** Total Pledge of \$ _____ to be paid in _____ annual installments of:
1. \$ _____ by _____ (date)
 2. \$ _____ by _____ (date)
 3. \$ _____ by _____ (date)

Payment Methods:

- Automatic Withdrawals:** Please attach a void cheque.
- Cheques:** Cheque or post-dated cheques attached.
- Credit Card:** Payments will be processed for the amount listed above on the dates given.*

Credit Card # _____ Expiry _____

Name on card _____ VISA ___ MC ___

**Please be aware that the school is charged a service fee (2.5%) on all credit card transactions.*

Signature: _____ Signature: _____

- *We respect the confidentiality of all contributors and understand that pledges may be revised due to changing financial circumstances.*
- *Not everyone is able to contribute in the same way, so seek what God would have you give.*
- *Whether you pledge or not, please return this form to the Business Development Officer in the envelope provided.*
- *Receipts for income tax purposes will be issued up to and including December 31st of each year in accordance with current CCRA tax regulations (Charity Number 0972547-20).*

