



Concordia
LUTHERAN SCHOOL

**CAPITAL CAMPAIGN
PLEDGE CARD**

Donor Name

Address

City/State/Zip

Phone #

Email

*I/we pledge to the Capital
Campaign as follows:*

\$ _____

Total Pledge

\$ _____

Initial Investment

\$ _____

Balance Due

I/we prefer to pay the balance:

___ *One-time payment*

___ *Monthly*

___ *Semi-Annually*

___ *Quarterly*

___ *Annually*

Over a period of:

___ *1 year* ___ *2 years* ___ *3 years*

Payment Start Date: _____

Signature

Date

Method of Payment: ___ **Cash/Check** ___ **Electronic Giving**
___ **Stock**

*Please make your check payable to Concordia Lutheran School
Capital Campaign.*

Does your employer match charitable gifts?

No ___ **Yes** ___

Company Name