

Pledge Form

**In support of the vision of West Bay Christian Academy and its campaign,
I (We) wish to give/pledge:**

\$50,000 + \$25,000-49,999 \$10,000-24,999 \$7,500-9,999
 \$5,000-7,499 \$2,500-4,999 \$1,000-2,499 \$750-999
 \$500-749 \$250-499 \$100-249 Other _____

Amount Enclosed: \$ _____

Remainder to be paid over: 1 year 2 years 3 years Other _____

Please bill me: Monthly Semi-annually Annually

Starting date : _____

I (We) would like this gift to be given in honor of or in memory of: _____.

All donations will be recognized in campaign materials unless an anonymous gift is requested.

Please use the following name in all acknowledgements: _____.

I (We) wish to remain anonymous.

This gift will be matched by: _____.

Matching gift form enclosed Matching gift form to be forward by company

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HomePhone: _____ BusinessPhone: _____

Email: _____

Signature: _____ Date: _____

Please make all checks payable to West Bay Christian Academy.

Please mail all gifts to: 475 School Street, North Kingstown, RI 02852 , Attention: Bonnie Sawyer, Director of Development

All donations are tax deductible according the regulations of the IRS.