

PATH F RWARD

DONOR INFORMATION	
NAME	
ADDRESS	
CITY	STATE ZIP
PHONE I	EMAIL
PAYMENT INFORMATION	
ONE-TIME GIFT of \$ (encl	osed)
RECURRING GIFT of \$ Mo	nthly Quarterly Other
PLEDGE of \$	
(to be fulfilled by 6/30/2023, reminders emailed monthly)	
MATCHING GIFT AMOUNT of \$	Matching Gift Company:
TOTAL GIFT AMOUNT of \$	
PAYMENT METHOD	
CHECK ENCLOSED (payable to Metrolina Christian Acade	emy) Mail to: Metrolina Christian Academy
CASH ENCLOSED	Attn: Advancement Office PO Box 1460 Indian Trail, NC 28079
CREDIT CARD \$ VISA MasterCard Discover	
ACCOUNT #	EXP. DATE /
SECURITY CODE NAME ON CARD	
SIGNATURE	

Contributions at the following levels will be acknowledged on the Wall of Honor at the track and field complex.

Gifts and/or pledges can be made through June 2023.