

SPONSOR-A-CHILD GIVING FORM

METROLINA CHRISTIAN ACADEMY



METROLINA
CHRISTIAN ACADEMY
ESTABLISHED 1992

SELECT YOUR GIFT AMOUNT

___ \$51 (1 day at MCA) ___ \$242 (1 week at MCA) ___ \$969 (1 month at MCA)

___ \$4,362.50 (1/2 year at MCA) ___ \$8,725 (1 year at MCA)

___ Other Amount \$ _____

SELECT TYPE OF GIFT

___ One-Time Gift ___ Recurring Gift - Monthly | Quarterly | Annually *Circle one (if applicable)*

___ Employer Matching Gift Matching Gift Company Name: _____

Name: _____

Organization/Life Group: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SELECT PAYMENT METHOD

Cash or Check - payable to Metrolina Christian Academy

Online Donation - [click here to donate online](#)

-OR- Please Charge: ___ VISA ___ MasterCard ___ Discover

Name on Card: _____

Card Number: _____

Security Code: _____ Exp. Date: _____ Signature: _____

Mail to: Metrolina Christian Academy

Attn: Advancement Office

PO Box 1460 Indian Trail, NC 28079