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Please complete donation form for each gift / pledge to MCA.

During the Kick-Off Event (Sept. 24-Oct. 12) for the 2018-19 Cornerstone Fund, return donation with donation form to your student's teacher or drop-off at one of the school offices.

Donations may also be given in the following ways: **ONLINE** at www.metrolinachristian.org, Support MCA, then click Give Online, **BY TEXTING** *Metrolina* to **50155** or **BY MAILING** with donation form to MCA (address below).

For questions, please contact the Advancement Office at 704-882-3375, x. 7901 or email at dana.bostic@fbcit.org.

DONOR INFORMATION						
NAME						
ADDRESS						
CITY		STATE		ZIP		
PHONE	EMAIL					
Please keep this gift anonymous						
DONATION INFORMATION			MATCHING GIF	T INFORMATION		
One-Time Gift of \$	(to be fulfilled by 06/30/2019, reminders		My/Our gift will be matched by (name of company):			
Pledge of \$ emailed monthly)			<ul> <li>I have enclosed a corporate matching gift form.</li> <li>I have electronically filed my corporate matching gift form.</li> </ul>			
Matching Gift Amount of \$						
TOTAL GIFT AMOUNT of \$						
(Please check relationship to school): [	] Parent ☐ Grandparent ☐ Relative ☐ Frie	end 🗆 Stu	dent 🛛 Employee	🗆 Alumni 🛛 Alumni Parent		
PAYMENT METHOD		PLEASE ACCEPT THIS GIFT:				
CHECK ENCLOSED (payable to Metrolina Chri	stian Academy)		In Honor Of:			
CASH CREDIT CARD \$ Express	□ VISA □ MasterCard □ Discover □ Ame	rican	In Memory Of:			
ACCOUNT #	EXP. DATE	/				
SECURITY CODE N	AME ON CARD					
SIGNATURE						
DESIGNATE DONATION TO STUDENT(S) (Student Rewards available 09/24/2018 - 10/12/2018) - Please include first & last name.						
NAME				GRADE		
NAME				GRADE		
NAME				GRADE		
NAME				GRADE		
Metrolina Christian Academy • PO Box 1460 • Indian Trail, NC 28079 • Attn: Advancement Office All gifts are tax-deductible to the full extent allowed by law. MCA Tax ID # 56-1381354.						