





DONATION FORM

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

During the Kick-Off Event (Sept. 23-Oct. 18) for the 2019-20 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	STAT	E ZIP
PHONE	EMAIL	
☐ Please keep this gift anonymous		
DONATION INFORMATION		MATCHING GIFT INFORMATION
One-Time Gift of \$	(enclosed)	My/Our gift will be matched by (name of company):
Pledge of \$	(to be fulfilled by 06/30/2020, reminders emailed monthly)	☐ I have enclosed a corporate matching gift form.
Matching Gift Amount of \$		
TOTAL GIFT AMOUNT of \$		☐ I have electronically filed my corporate matching gift form.
(Please check relationship to school): □ Parent □ Grandparent □ Relative □ Friend □ Student □ Employee □ Alumni □ Alumni Parent		
PAYMENT METHOD CHECK ENCLOSED (payable to Metroli	ina Christian Academy)	PLEASE ACCEPT THIS GIFT:
☐ CASH		In Honor Of:
CREDIT CARD \$	□ VISA □ MasterCard □ Discover □ American Express	☐ In Memory Of:
ACCOUNT #	EXP. DATE /	
SECURITY CODE	NAME ON CARD	
SIGNATURE		
DESIGNATE DONATION TO STUDE	ENT(S) (Student Rewards available 09/24/2019 - 10/18/2019) - Please include first & last name.
NAME		GRADE
NAME		GRADE
-		
NAME		GRADE
NAME		GRADE