Name: _____

Address:_____

City: _____ State: ___ Zip: _____

Phone: (____)_____

Please make checks payable to: **Capital Christian School**

We accept American Express, Visa & MasterCard:(circle one)

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐ ☐☐☐☐ _____

Card Number *Exp. Date* *3 - 4 Digit Security Code* (from back of card) *Initials*

- ❑ Pledge Payment of $_____
- ❑ $50
- ❑ $75
- ❑ $100
- ❑ Other $_____

Thank you for giving to The Capital Christian School Gift of a Lifetime Financial Aid Fund