

2011-2012 Annual Fund

“Growing Together”

Name _____ *I/We do not wish to be listed in any donor recognition.*

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

PLEDGE: Annual Amount \$ _____ Start Date _____ End Date _____

Paid: Monthly \$ _____ Quarterly \$ _____ Semi-Annually \$ _____

I/We would like to make a ONE-TIME gift of \$ _____

METHOD OF PAYMENT (please select one)

Check (made payable to Veritas Academy) Check Enclosed Yes Bill Me

Credit Card Visa MasterCard Discover American Express

Bank Draft (please attach a voided check)

Cardholder Name _____

Card # _____ Security Code _____ Exp. Date _____

Signature _____ Date _____

Veritas Academy is a non-profit 501 (c)(3) organization; donations are charitable and tax deductible as allowed by law.

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