



## The Foundation for American Christian Education

(Please fill out this form and mail or fax it to 757.488.5593.)

### MONTHLY PARTNER PLEDGE FORM

I want to invest in what has lasting value, education for the family that restores Christian character to the nation. I want to take an active part in the work of the Foundation through my support as a monthly partner with a pledge of \$ \_\_\_\_\_ for a duration of 12 months from (current month/year) to (month/year) \_\_\_\_\_.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_ I will send my pledge amount by the 1<sup>st</sup> or 15<sup>th</sup> of every month (please circle one).

\_\_\_ I would like my pledge amount to be automatically charged monthly to my credit card account.

Card type: MasterCard, Visa, or Discover (please circle one)

Card number: \_\_\_\_\_

Exp date: \_\_\_\_\_ CVV2 number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Your signature: \_\_\_\_\_

Automatic deductions are processed on the 15<sup>th</sup> of every month. All contributions are tax-deductible.

THANK YOU FOR PARTNERING WITH US!

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