

# Wooster Christian School Monthly Giving Promise



## Donor Information

Name(s) \_\_\_\_\_

Company (if donation is not personal) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Email \_\_\_\_\_

## Pledge Information

\_\_\_\_\_ I (we) believe in the mission of Wooster Christian School.

I (we) pledge a total of \$ \_\_\_\_\_ monthly to Wooster Christian School.

Duration of Promise: From: \_\_\_\_\_ To: \_\_\_\_\_

Please apply my gift where:  Most Needed  Specified Fund from Donations web-page list.  
Fund: \_\_\_\_\_

I work for a company that will match this gift \_\_\_\_\_

I (we) wish to remain anonymous

Wooster Christian School is a registered 501(c)(3) tax exempt organization. EIN 81-3899511

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