

*Inspiring Active Learners...
And Responsible Citizens*



Pledge Form

Crosscreek Charter School

Donor Information (please print or type)

Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information (Donations are tax deductible)

I (we) pledge a one-time contribution of \$_____. cash check credit card

I (we) pledge to make contributions Monthly Quarterly of \$ _____. cash check credit card. *(Please call our office to set up Monthly or Quarterly donations).*

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

(All credit card information will be protected and confidential).

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

I (we) wish to have this contribution remain anonymous.

Signature(s) _____ Date _____

Please make checks, corporate matches,
or other gifts payable to:

Crosscreek Charter School
306 Sandalwood Avenue
Louisburg, NC 27549
919-497-3198

Upon receipt of this donation we will supply you with a donation receipt for your records.

Thank you for supporting Crosscreek Charter School.

Questions? Please contact Angie Brooks at 919-497-3198 or angieb@crosscreekcharterschool.com.