



Cascade Christian Schools
Development Department
815 21st Street SE
Puyallup, WA 98372
Phone: 253-841-1776 • Fax: 253-841-2232

Date: _____

Donor Information:

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Gift Information:

Total Gift Amount: \$ _____

Gift Designation:

☐ Endowment: _____

☐ Tuition Assistance/The Cascade Fund: _____

☐ Other: _____

Fulfillment Options:

I would like to fulfill this pledge: ☐ Monthly ☐ One-Time Gift ☐ Quarterly ☐ Semi-annually ☐ Annually

Starting: ____/____/____ Ending: ____/____/____ ☐ Please send me pledge reminders.

Matching Gift Information: You can double or triple your gift through matching gift programs!

☐ My employer participates in gift matching.

My employer is: _____

My spouse's employer is: _____

Gift Opportunities:

I would like to speak with a representative from the Development Department regarding:

☐ Bequests ☐ Gift of Appreciated Assets ☐ Charitable Trusts or Annuities

☐ Named Endowment Funds ☐ Named Gift Opportunities ☐ Gifts of Tangible Personal Property

Is CCS in your will or other testamentary plans? ☐ Yes ☐ No ☐ Would Consider

Fulfillment Information:

☐ Please charge my credit card

Name as it appears on card: _____

Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number: _____ Expiration Date: _____

Signature: _____

☐ My check is enclosed. Please make check payable to Cascade Christian Schools.

Please print and mail this form to:

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