



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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