

A Night In White

A Special Desert Christian Schools Event

CONTRIBUTION FORM

I would like to support the ministry of Desert Christian Schools by giving a one time donation in the amount of:

- _____ \$5,000
- _____ \$1,000
- _____ \$500
- _____ \$250
- _____ Other \$ _____

I would like to designate my gift to:

- _____ The Annual Fund
- _____ Endowment Fund
- _____ Building Fund
- _____ Other

I would like to contribute in other ways:

- _____ Please contact me about my giving plans.
- _____ Please contact me about pledging with stock.
- _____ My company will match my gift:

Company Name: _____

PLEASE SEE REVERSE SIDE FOR PAYMENT PLAN OPTIONS

Thank You for Your Contribution

Check enclosed Please charge my credit card: ___ Visa ___ MasterCard ___ Amex ___ Discover

Credit Card Number: _____

Billing Zip : _____ Exp: _____ CVV: _____

(For added security and savings to DCS, you may swipe your credit card at our Business Office during office hours.)

Name: _____ Spouses Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

The proceeds from this fundraiser will be used to bridge the gap in our budget and afford our school necessities such as teacher needs, security, technical upgrades, facility improvements, arts, athletics, and more.

Thank you so much for being so supportive of Desert Christian Schools!

PLEASE SEE REVERSE SIDE FOR PAYMENT PLAN OPTIONS



NEED A PAYMENT PLAN?

The DCS Monthly Giving Program is a dependable and convenient way to spread your payments over one year. Automatic payment is the easiest and most effective method for Desert Christian Schools to process your monthly gifts.

PLEASE CHOOSE ONE OPTION:

MONTHLY GIFT & ANNUAL TOTAL	
\$ 8.33	\$ 100
\$ 41.66	\$ 500
\$ 83.33	\$ 1,000
\$ 416.66	\$ 5,000

Giving Option #1: _____ Electronic Funds Transfer

Gifts will be automatically deducted from your checking or savings bank account to Desert Christian Schools monthly in accordance with the terms below.

I authorize Desert Christian to deduct \$ _____ each month from my bank account in accordance with the terms and conditions below.

Please charge my monthly gift on the:

(Check One) _____ 5th or _____ 20th of every month.

Name of Bank: _____

Account #: _____

Routing #: _____

Signature: _____
(Required)

Print Name: _____
(Required)

Phone: _____

Email: _____

Date: _____

Giving Option #2: _____ Credit Card Charge

Gifts will be automatically charged to your credit card each month to spread out your annual contribution total.

I authorize Desert Christian to deduct \$ _____ each month from my bank account in accordance with the terms and conditions below.

Please charge my monthly gift on the:

(Check One) _____ 5th or _____ 20th of every month.

Credit Card #: _____

Billing Zip: _____

Exp: _____ CVV: _____

Signature: _____
(Required)

Print Name: _____
(Required)

Phone: _____

Email: _____

Date: _____

ADDITIONAL INFORMATION

Please Note: the authorization to charge your bank account or credit card is the same as if you had personally signed a check or charge to Desert Christian Schools. A record of your gift will be included in your bank account or credit card statement. Your bank or credit card institution is not responsible for any errors in the amount of your transferred gift. Please notify Desert Christian Schools directly with any questions or corrections. For those selecting monthly electronic bank transfers, the first electronic funds transfer from your checking or savings account will occur in 3 - 45 days after receiving this application. This agreement will remain in effect until you notify Desert Christian Schools requesting that the agreement be terminated.

For assistance, contact the DCS Business Office at (520) 901-5499, email lhatch@desertchristian.org, or write to 7525 E. Speedway Blvd., Tucson, AZ, 85710.