



CHRIST THE KING SCHOOL
BRIDGE THE GAP APPEAL



Personal Information

Name (s) Date Home/Cell Phone
Address E-Mail
City State Zip

Relationship to CK (Please circle) Parent, Grandparent, Alumni, Alumni Parent, Staff, Friend

In Gratitude to God for the many gifts I/we have received, I/we would like to offer our prayers and financial support.

Total Amount 10 Monthly Payments of:
I/we will pray for the success of the CKAA and CK Church
One-Time Gift check payable to CK School
I/we wish to make a gift in 10 month payments
I/We have included CK School in my/our will.
I/We would like information on including CK School in my/our will.

ACH PAYMENT
BANK NAME
ACCOUNT HOLDER'S NAME
ACCOUNT # ROUTING #

ADDITIONAL PAYMENT OPTIONS

CREDIT CARD PAYMENT



10 Monthly Payments of \$
One-Time Gift of \$

Chartering a New Path:
Strengthening, Developing & Expanding

Table with 2 columns: Giving Levels, Amounts. Includes Blue and Gold Circle, Friendship Circle, Crusader Circle, Leadership Circle, Principal's Circle, Pastor's Circle, Luminous Circle.

Table with 2 columns: How your donations help, Description. Includes \$100 Supports registration for 1 after school club, \$250 Supports Continuing education for 1 teacher, \$500 Supports one week of utility expenses, \$1000 Supports one month of technology expenses, \$2500 Supports religion textbooks, workbooks and resource materials for 2 classes, \$5000 Supports STEM projects for the middle school program.

CREDIT CARD NUMBER
EXP. DATE 3-4 DIGIT SECURITY CODE
CARDHOLDER NAME

SIGNATURE
By signing, I authorize Christ the King School to debit/charge my credit card as noted above.

All contributions are tax deductible. If you have any questions regarding donations or payments contact Sheila LaSalle at slasalle@ckschool.net

Thank you for your support of the Christ the King School Annual Appeal 2016!