



Donelson Christian Academy

Indoor Practice Facility Campaign Commitment

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Please indicate your method of giving:

Enclosed is my gift of \$ _____

(Please make check payable to "DCA" and
write "Indoor Practice Facility" on the memo line)

I made an online gift of \$ _____

(Online credit card donations can be made by going to
donelsonchristianacademy.factsmgtadmin.com/give/

I am making a pledge of \$ _____

(All pledges should be fulfilled by
December 31, 2025)

Signature

Date

See back of pledge card for naming opportunities

**Thank you for supporting the students, faculty,
and staff of Donelson Christian Academy.**



Donelson Christian Academy

Naming Opportunities:

\$25,000

Office Naming Right
(Limited Availability)

- Name the office** by making a gift or pledge of a minimum of **\$25,000** to be paid by **December 31, 2025**. I would like to give a gift or make a pledge of \$_____ to name the office in honor of or in memorial for _____

\$15,000

Advertising Display Sign

- Display your Business** by making a gift or pledge of a minimum of **\$15,000** to be paid by **December 31, 2025**. I would like to give a gift or make a pledge of \$_____

\$10,000

Sponsorship Display Plaque

- Include your name on a Sponsorship Display Plaque** by making a gift or pledge of a minimum of **\$10,000** to be paid by **December 31, 2025**. I would like to give a gift or make a pledge of \$_____

\$1,500

Individual Locker Naming Rights
(Limited Availability)

- Include your name on a Individual Locker** by making a gift or pledge of a minimum of **\$1,500** to be paid by **December 31, 2025**. I would like to give a gift or make a pledge of \$_____