DONOR COMMITMENT FORM

A CAMPAIGN FOR CHARLOTTE CATHOLIC HIGH SCHOOL

NAME:_____

ADDRESS:_____

CITY: _____ STATE:_____ ZIP CODE:_____

CELL PHONE:_____ EMAIL:_____

CAPITAL CAMPAIGN PLEDGE/DONATION

☐ I/We pledge to the 2025-26 Capital Campaign for Charlotte Catholic High School

Amount of Gift/Pledge:_____

Initial Payment:_____

Pledge Balance:_____

☐ My gift will be matched by my company **Matching Gift Code: 01010823**

Company:_____Expected match: $_____

☐ Preferred Name for Recognition_____

☐ I/We wish to remain Anonymous

OFFICE USE ONLY

Diocese ID:_____

Received Date:_____

Acknowledged:_____

METHOD OF PAYMENT

☐ Cash/Check (make payable to CCHS Capital Campaign)

☐ Credit Card (see below)

☐ Automatic Withdrawal/EFT (see below)

☐ Through employer payroll deduction

☐ Stock*

☐ Donor Advised Funds (make payable to CCHS Capital Campaign)

*The Charlotte Catholic High School Advancement Office will contact you for additional information.

TIMING OF GIFT

☐ One Time

☐ Monthly

☐ Quarterly

☐ Semi-annually

☐ Annually

TAX ID: 56-1779865

Pledge Payment Schedule if not making a one time gift: (to be fulfilled by 12/31/31)
Amount:_____ Start Date:_____ for _____ years/until completion (max 5 years)

_____ _____

Signature **Date**

PAYMENT INFORMATION

Credit Card Information

☐ American Express

☐ VISA

☐ Mastercard

☐ Discover

Name on Card:_____

Expiration Date:_____ CVV:_____

Account #:_____

Automatic Withdrawal/ETF Information

☐ Checking Account (enclose a voided check)

☐ Savings Account (enclose a voided check)

Bank Routing Number:_____

Account Number:_____

CHARLOTTE CATHOLIC HIGH SCHOOL
7702 PINEVILLE-MATTHEWS ROAD
CHARLOTTE, NC 28226