



**FOR THEM.
FOR HIS GLORY.**



YES! I/we want to be a part of what God is building at Metrolina with a gift to the 2026-27 Cornerstone Fund!

One-Time Gift of \$ _____

Cash Enclosed Check Enclosed; made payable to Metrolina Christian Academy

Recurring Monthly Gift of \$ _____ for _____ months

Pledge of \$ _____ (to be fulfilled by 6/30/27)

Matching Gift Amount \$ _____

Total Amount \$ _____

Matching Gift Information

Please notify the Advancement Office of your matching gift (erin.parker@metrolinachristian.org)

My/Our gift will be matched by (company name): _____

PLEASE CIRCLE YOUR RELATIONSHIP TO THE SCHOOL:

PARENT GUARDIAN RELATIVE FRIEND STUDENT CHURCH MEMBER STUDENT EMPLOYEE ALUMNI PARENT

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DESIGNATE YOUR DONATION TO STUDENT(S)

Eligible for the Warrior Giving Challenge from 9/29/26 - 10/17/26)

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____



**SCAN HERE
to make your
gift online**