Churchill Academy
Pledge Form

I/we wish to support Churchill Academy Incorporated ("the school") by donating the following:

☐ $10 per month* ☐ $ _____ per _____* ☐ $ _____
amount month/year amount

*Please adjust my/our donation annually by increasing it 2% to account for inflation. (eg: Increase my $10 donation to $10.20 next year and to $10.42 the year after, etc.)

☐ Yes ☐ No

By signing below, I/we authorize the school to withdraw the donation amounts set out above by the payment method selected until I/we give notice to the school to cease such withdrawals.

Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Signature _____

Date _____

Telephone Number _____

Payment options

☐ Pre-Authorized Debit*

*attach void cheque

Financial Institution (FI) _____

FI Account Number _____

FI Branch Number _____

Questions?
Please contact the school at 902-446-3410.

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CHURCHILL ACADEMY
Learning Success