



Fit for Renewal Pledge Form

Steinbach Christian High School
50 PTH 12 North
Steinbach, Manitoba R5G 1T4
Phone: (204) 326-3537
E-mail: schs@schs.ca

- I will give \$ _____ over 1 2 3 (circle one) year(s)
 Monthly Quarterly Yearly
- I will give a one-time gift of \$ _____
- I will give \$ _____ using the payment schedule (see below)

Name*: _____

Address: _____

Phone: () _____ E-mail: _____

** If this name represents a family group, a Group of Companies, or a Foundation, please indicate name(s) of members:*

Name to be used for income tax receipts: _____

Payment Schedule:

Initial Gift \$ _____

Balance of \$ _____ to be paid:

\$ _____ monthly / quarterly / semi-annually / annually (circle)

Starting date for payments: _____

Method of payment:

- cheque post-dated cheques Visa* Mastercard*
- Pre-authorized withdrawal*

Other: _____

**Please complete form on back*

Donor Signature(s)

Date

SCHS Representative

Thank You!

Gifts designated to a project or ministry will be used for that project or ministry with the understanding that funds may be used for other similar purposes if the project or ministry is fully funded or cannot be carried out for any reason.

Payment Information

I, _____, authorize Steinbach Christian Schools to charge the donation to fulfil my pledge by:

Charging my credit card as follows:

The amount of \$_____ will be charged to my credit card as per the Pledge Form

Visa Mastercard

Name on Card: _____

Card Number: _____

Expiration Date (MM/YY): _____

I may cancel / change this charge to my credit card at any time by notifying Steinbach Christian Schools Finance Office at (204) 326-6451.

Cardholder Signature: _____

Date: _____

Charging my bank account as follows:

The amount of \$_____ will be charged to my bank account as per the Pledge Form

Please attach a cheque marked VOID.

I may cancel / change this charge to my bank account at any time by notifying Steinbach Christian Schools Finance Office at (204) 326-6451.

Signature: _____

Date: _____

Office Use

Route ID: _____ Transit Number: _____

Account Number: _____

Donor ID: _____ Solicitor: _____

Enclosed: \$ _____ Ck #: _____

Receipt #: _____ Posted by: _____

Date: _____