



# Commitment Card

Total Pledge: \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

*Please make checks payable to: Everest Academy  
Gifts are tax deductible by law*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*I wish to remain anonymous*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

## Pledge Amount

- \$12,000
- \$9,000
- \$6,000
- \$3,600
- \$2,400
- \$Other \_\_\_\_\_

## *How will you fulfill your pledge? (Please check all that apply.)*

- Check/Cash       Credit/Debit Card (see reverse)
- I am interested in planned giving options. Please send me information
- Gift will be matched by company, family or foundation.
- I do not wish to give at this time but count on my prayer commitment of: \_\_\_\_\_

# Everest Academy

SEMPER ALTIUS





Everest Academy  
Attn: Development Office  
11550 Bell Road  
Lemont, IL 60439

## Credit/Debit Card

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security No. \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
(exactly as printed on card)

Billing Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_