



# Socrates Academy

## Pillars of Success Campaign



### Commitment Form

Donor Information (please print or type)

Name				
Billing Address				
City		State		Zip
Telephone (preferred #)				
E-Mail				
Employer (optional)				
Affiliation	<input type="checkbox"/> Current Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Faculty/Staff	
	<input type="checkbox"/> Board Member	<input type="checkbox"/> Business	<input type="checkbox"/> Other	

### Gift Information

I (we) pledge a total gift of \$\_\_\_\_\_ to the Capital Campaign. Pledge will be paid as a:

One-Time Gift (payable to Socrates Academy Foundation)

Amount enclosed: \$\_\_\_\_\_ Check # \_\_\_\_\_

Recurring Gift

I (we) will make \_\_\_\_\_ monthly/quarterly/annual (circle one) payments in the amount of \$\_\_\_\_\_

Contributions will be made in the form of:

Cash  Check  Bank Draft  Credit Card  Stock

Matching Gift Available: Amount \$\_\_\_\_\_ Company \_\_\_\_\_

#### **Thank you for supporting the Pillars of Success Campaign**

*Your gift to the Socrates Academy Foundation, a 501(c)3 non-profit organization, is tax deductible as allowed by the law.*

### Socrates Academy Foundation Giving Levels

Platinum	\$20,000 and Above	Bronze	\$2,500-4,999
Gold	\$10,000-19,999	Scholars	\$1,000-2,499
Silver	\$5,000-9,999	Filos	\$1-999

All members in giving levels of \$2,500 and above will be permanently recognized in the middle school building.

Gifts of \$20,000 and above are eligible for naming opportunities. Please contact the Development Office for more information.

Giving Levels are based on the cumulative total of gifts committed to the Capital Campaign. This gift will be added to any previous capital gift for the purposes of acknowledgement.

Please use the following name(s) in all acknowledgements including the annual report.

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:  
**Socrates Academy Foundation 3909 Weddington Road Matthews, NC 28105 (704) 321-1711**

### Bank draft set up and authorization

Three easy steps:

1. Complete the form below
2. Attach a voided check from the bank account to be drafted
3. Return this authorization form and voided check to: Socrates Academy Foundation, 3909 Weddington Road, Matthews NC 28105.

Your contribution will be automatically drafted on the 20<sup>th</sup> of each month. Please allow up to two weeks for this form to be processed.

**If you have any questions please contact:**

Socrates Academy Foundation/Development Office

Phone: (704) 321-1711 ext. 138

Email: foundation@socratesacademy.us

### **Monthly Giving by Bank Draft**

You now have the option of making your gift to the Socrates Academy Foundation through our automated bank draft plan. Please complete the information below and return to the Socrates Academy Foundation along with a voided check.

I \_\_\_\_\_ authorize my bank to make my payments and post it to my account.

(Please print name)

Checking account # \_\_\_\_\_ Monthly draft amount \$ \_\_\_\_\_

Draft my account on the 20<sup>th</sup> day of each month beginning \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write the Socrates Academy Foundation. Change of payment method will not affect other provisions/terms of my contract.

### Credit Card processing Information

Name on Credit Card			
Credit Card Type			
Credit Card Number			
Expiration Date		Security Code	

Billing Address (if different than other side):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_