



# VERITAS

CLASSICAL ACADEMY

## CAPITAL CAMPAIGN COMMITMENT FORM

### DONOR INFORMATION

Name \_\_\_\_\_ Company/Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### SUPPORT VERITAS CLASSICAL ACADEMY

I (we) pledge a total of: \$ \_\_\_\_\_ in support of Veritas Classical Academy. I wish to spread my donation over the following years:

Year	2024	2025	2026	2027	Total
Contribution	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I/we prefer to be reminded in the months \_\_\_\_\_ and \_\_\_\_\_.

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

*This pledge is a commitment to give the amount specified.*

### ACKNOWLEDGMENT / CONTRIBUTION RECOGNITION & INFORMATION

Please print your name as you would like it to appear in formal recognitions and/or publications:

\_\_\_\_\_

I would like my gift to be anonymous

Make your gift:  In Honor of  In Memory of Name: \_\_\_\_\_

Check – Make checks payable to: **Veritas Classical Academy | 4188 110<sup>th</sup> St. Chippewa Falls, WI 54729**

Credit Card

If you are interested in giving by the following methods, please contact Kim Senn at the address below.

Required Mandatory Distribution (RMD)  Qualified Charitable Distribution  Donor Advised Fund  Charitable Trust

Stock Transfer  Matching Gift from Employer: Company Name \_\_\_\_\_  Other (describe) \_\_\_\_\_

**Kim Senn, President,**  
**kimsenncoaching@yahoo.com**

**Phone: 715-559-9020**

**Veritas Classical Academy**  
**4188 110<sup>th</sup> St.**

**Chippewa Falls, WI 54729**

**[www.veritasclassical.com](http://www.veritasclassical.com)**