



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	2025	2026	2027	2028	2029	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 | PO Box 35 | 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, Info@VeritasClassical.com

Veritas Classical Academy

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