

Pledge of Support

STRENGTH

OPPORTUNITY





Personal Information

Potential donation over 5 year period: \$100,000 Donor \$1,666.67 / month \$75,000 Donor \$1,250.00 / month \$50,000 Donor \$833.33 / month \$25,000 Donor \$416.67 / month \$20,000 Donor \$333.33 / month \$10,000 Donor \$166.67 / month \$5,000 Donor \$83.33 / month \$1,000 Donor \$16.67 / month

	Gift information		
Name	I/We make a total pledge of \$		
Spouse's Name	Monthly option: I/We will give \$ per		
Address	month for 60 months starting at commencement of		
City	construction.		
State Zip Code	Yearly option : I/We will give \$ per year for 5 years starting at commencement of		
Phone #	construction.		
Email address	Other: I will give a one time donation of \$		

Pledge Payment Options	(Please indicate your choice below. Gifts may be spread over 5 years.)			
☐ Cash or Check enclosed for \$_	payable to David Emanuel Academy.			
Credit Card: Card number		Exp. date Card verification code		
Zip Code	Signature			
☐ I have set up reoccurring paym	ents via www.deaeagle :	s.com/support/#fu	nd-support	
☐ I would like more information	about including DEA in m	y estate plans.		

DAVID EMANUEL ACADEMY

*P.O. Box 400 602 N. Fourth St. * Stillmore, GA 30464 * Office: 912-562-4405

For questions, email Allison Martin (Director of Development) at amartin@deaeagles.com

