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	2026	2027	2028	2029	Total
Contribution	$	$	$	$	$

I/we prefer to be reminded to remit payment in the following months of _____ and _____.

Signature _____ Date _____

This pledge is a commitment to give the amount specified.

ACKNOWLEDGMENT / CONTRIBUTION RECOGNITION & INFORMATION

Please print your name(s) 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) _____

Campaign Co-Chairs

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Note: Contributions are tax deductible. Veritas Classical Academy is a 501c3. Tax receipts will be issued. Questions regarding contributions should be referred to your tax advisor.