

GREATER WORKS CHRISTIAN SCHOOL

Donation Form

Did you know... I/We want to support GWCS.

Amount

___ \$50 ___ \$75 ___ \$100 ___ \$250 ___ \$500

___ \$750 ___ \$1,000 ___ \$2,500 ___ Other

Personal/Business Information

First Name _____

Last Name _____

Company Name: _____

Address _____

City _____

State _____

Postal/Zip Code _____

Email _____

Type of Donation

Graduate of GWCS? What year? _____

Individual

Business Owner

Foundation

I would like to designate this donation to fund:

_____ Academic program

_____ Classroom needs

_____ Equipment

_____ Fine arts program

_____ Teacher gifts

_____ No designation

Donation Payment Options:

Please mail this form and your donation to :

Greater Works Christian School

301 College Park Drive

Monroeville, PA 15146

Cash

Checks payable to GWCS

Authorization for Automatic Payments

Name: _____

SSN: _____

Merchant: Greater Works Christian School (GWCS)
I hereby authorize Greater Works Christian School to initiate debit entries to my ___ checking account or ___ savings account as indicated below and my financial institution named below to debit the same to such account.

Financial Institution: _____

Local Branch: _____

(City) (State) _____

Account #: _____

Bank Routing Number : _____

This authority will remain in full force and effect until GWCS has received written notification from me of its termination in such time and in such manner as to afford GWCS a reasonable opportunity to act.

Signature: _____

Date: _____

****An actual voided check must be attached****

STAPLE VOIDED CHECK HERE

If the actual check is not available to attach (i.e. savings accounts), you are responsible for obtaining the correct routing number from your Financial Institution.