



Gift & Pledge Intention

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Email Address _____

- Please contact me directly about the campaign.
- Please email me with *Winnebago Lutheran Academy* updates

Gift Information:

I (We) intend to give a total of \$ _____ to the *Forward in Faith Fund* toward a new campus.

I will fulfill my pledge as follows:

- Single gift
- Multiple gifts – I will complete the pledge over (circle one): one/two/three years as follows:
 - Annually Quarterly Monthly _____
 - Starting Date – Ending Date

Payment Information:

- My check is enclosed payable to **Winnebago Lutheran Academy**
- Gift of appreciated securities, an IRA distribution, or other transfer such as a QCD or RMD.
(Please contact Kevin Ehlke, 920-539-4041, to assist you with this type of gift.)
- Matching Gifts: My gift will be matched by:
 - My employer:

 - My spouse's employer:

 - Corporate Matching Gift Form(s) enclosed
For instructions on how to make a corporate matching gift, please contact your company's human resources department or matching gift officer.
- Charge my credit card (circle one): Visa / MasterCard / Discover
 - Card#: _____ Expiration Date: _____/_____/_____
 - Month Year
 - Name on Card: _____ 3-digit CSC on back of card: _____
- Electronic Funds Transfer (see reverse)

Authorization:

Signature: _____ Date: _____

(see reverse)

Gift Recognition:

- Please publicly recognize this gift from: _____
As you wish your name(s) to appear
- I am a member of _____ congregation.
- I am an alum of WLA – Class of _____
- Please do not recognize this gift publicly. I (We) wish for the gift to be ANONYMOUS.
- This gift is given (circle one) in honor of / in memory of: _____
- WLA is included in my estate plans.

Electronic Funds Transfer: *(Attach voided check or savings deposit slip)*

Financial Institution Name	Phone		
<hr/>			
Address	City	State	Zip
<hr/>			
Account Number	Account Type		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		

I hereby authorize the transfer in the amount of \$ _____ from my account listed above to Winnebago Lutheran Academy on the _____ day of each month. This authority is to remain in full force and effect for the period indicated on the reverse or until written notice from me has been received by Winnebago Lutheran Academy in such a manner as to afford reasonable time to act on it.

Payments are to begin in _____ of _____.
Month Year

EFT Authorization:

Signature: _____ Date: _____

**Please mail this form, with payment to:
Winnebago Lutheran Academy
475 E Merrill Ave
Fond du Lac, WI 54935**

*For additional information, please contact Kevin Ehlke at
920-539-4041 or email: kehlke@wlvikings.org*

Winnebago Lutheran Academy is a 501(c)3 charitable organization.
Donations may be deducted as the law allows. Federal ID #: 39-0910385