

Signature(s)

Signature(s)

WICKENBURG CHRISTIAN ACADEMY

INSPIRE | INSTRUCT | ENCOURAGE Realize your God-given potential.

Tax ID: 86-0497591

Gift Commitment Form

Thank you for partnering with Wickenburg Christian Academy! Your decision to support WCA with a charitable contribution to the "Stand in the Gap" Annual Fund or "WCA Endowment Fund" is a key to sustaining programs and services that will Inspire, Instruct and Encourage students well into the future. Giving may be committed through outright gifts, pledges, bequests, estate plans, or many other options. There may also be significant financial benefit that will help you advance God's kingdom through impactful stewardship. Please provide details below regarding your intent so we can plan accordingly. Thank you! Note: WCA is a registered "not-for-profit" 501(c)3. All gifts are tax deductible to the extent allowable by law. I/we (legal name(s) am/are pleased to invest in the future by supporting Wickenburg Christian Academy with a gift commitment as follows: ☐ "Stand in the Gap" Annual Fund (support daily programming throughout the year) ☐ "WCA Endowment Fund" (ensure that WCA will be here serve our community into the future) ☐ **Unrestricted Gift** (provide support where needed most) **Outright Gift or Pledge** Value: \$____ ☐ To be submitted by: ____/ (date) □ Enclosed ☐ Pledge: Monthly / Quarterly / Annually Beginning: / / Other: _____ **Planned Gift** I/we have made an estate provision for the benefit of Wickenburg Christian Academy and/or financial plans through a future gift of the following type(s): ☐ Living Trust ☐ Charitable Remainder Trust ☐ Revocable Trust ☐ Gift Annuity ☐ Life Insurance Beneficiary ☐ Pension Beneficiary ☐ Qualified Charitable Disbursement (QCD) The gift is: ☐ Specific amount: ☐ Percentage of remainder. % **Other Assets** ☐ Please contact me about making a gift of: ☐ Appreciated Stock ☐ Vehicle (Please specify): ☐ Real Estate ☐ Other type of asset (Please specify): _____ **Donor Information** Please print your name(s) as you would like to be acknowledged: Name(s): \square I give permission to acknowledge me/us in publications: \square with gift amount \square without gift amount ☐ I would like for my/our gift to remain anonymous.

Date:

Please fill out the form below completely, indicate your giving preferences, then return this form to the WCA office so we can share our gratitude and plan accordingly.

Contact Name(s):			
Mailing Address:			
City:	State:	Zip:	
Phone:	Email:		
Tribute Information: (opt Type: □ In Honor □ In Mem			
First/Last Name:			
☐ Please mail a card of noti	fication on my behalf to:		
Name:			
Address:			
City:	State:	<u> </u>	

PLEASE RETURN TO: Kevin Armstrong, M.Ed. Head of School, Stewardship & Advancement | k.armstrong.wca@gmail.com Office: 260 West Yavapai, Wickenburg, AZ 85390 | PH: 928-684-5916 | ONLINE: www.wickenburgchristianacademy.org