

THE
CREEK
CAMPAIGN

YOUR INVESTMENT
THEIR EDUCATION
OUR FUTURE

For additional information contact the Office of Advancement
Cedar Creek School - 2400 Cedar Creek Drive - Ruston, Louisiana 71270
318.255.7707 - www.cedarcreekschool.org

Name (print): _____

Please print your name(s) as you wish to be acknowledged or

_____ **Check if you wish to remain anonymous.**

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

Signature: _____

In the case of a pledge or continuous gift, your signature is necessary for authorization of the transaction.

I/we agree to contribute the following amount for the benefit of The Creek Campaign:

One-time gift of \$ _____ **or**

Total Pledge of \$ _____ **to be paid** _____ **monthly** _____ **quarterly** _____ **annually**
Installments of \$ _____ This contribution will be paid over: ___1 year ___2 years ___3 years ___4 years ___5 years.
(Reminder notices of pledge payment due will be sent to donors not paying via credit card or debit authorization below), or

Continuous monthly payments of \$ _____ **until further notice to be paid via** **Credit Card** or
Debit Authorization provided by me below, or

Gift of Stock for instructions on stock transfer, please contact Barry Guinn, Argent Financial,
318.254.7413 - bguinn@argentadvisors.com, and

My Employer has a matching **gift program**. I have enclosed my employer's matching gift form.

I/we would like to direct my gift to: _____ The Creek Campaign General Building Fund
_____ Phase I - The Academic Center
_____ Phase II - The Dining Center
_____ Phase III - The Gymnasium

Select payment method:

- Check Enclosed** (made payable to Cedar Creek School, memo line: The Creek Campaign)
 Charge my Credit Card: ___ Visa ___ Master Card ___ American Express
 Automatically withdrawn via the Debit Authorization Form
 Online payments may be made by visiting: cedarcreekschool.org/thecreekcampaign

Credit Card Authorization

Card Number: _____
Expiration Date: _____
Security Code: _____
Signature: _____

Debit Authorization

Financial Institution: _____
Account Name: _____
Account Number: _____
Routing Number: _____
Signature: _____