

## GIVING LEVELS

- |                          |                   |                    |
|--------------------------|-------------------|--------------------|
| <input type="checkbox"/> | Royal Society     | \$5,000 or more    |
| <input type="checkbox"/> | Founder's Society | \$2,500 to \$4,999 |
| <input type="checkbox"/> | Heritage Builder  | \$1,000 to \$2,499 |
| <input type="checkbox"/> | Ambassador        | \$500 to \$999     |
| <input type="checkbox"/> | Faith Supporter   | \$250 to \$499     |
| <input type="checkbox"/> | Community Partner | \$100 to \$249     |
| <input type="checkbox"/> | Investor          | \$50 to \$99       |

Donors may be recognized in print

*Please make your tax deductible  
donation payable to:*

**CCS SHINE ON CAMPAIGN  
3002 BROCE DRIVE  
NORMAN, OK 73072**

*Thank You!*



## COMMUNITY CHRISTIAN SCHOOL SHINE ON FUND PLEDGE CARD

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*Yes, I would like to give to the CCS Shine On Campaign!*

Please indicate if you are giving as a: parent - grandparent - graduate - community partner - other \_\_\_\_\_

I wish to make a total gift of \$ \_\_\_\_\_.

\_\_\_\_\_ My full contribution is enclosed.

\_\_\_\_\_ I wish to contribute \$ \_\_\_\_\_ now and pledge the remaining balance to be paid by \_\_\_\_\_.

\_\_\_\_\_ I would like to make monthly contributions in the amount of \$ \_\_\_\_\_.

*Thank you for being part of our mission!*