

Annual Fund

Clarksville Academy



I am a(n) Parent Grandparent Alumni, Class of _____ Parent of Alumni Friend

I wish to honor _____ with my gift.

My employer has a matching gift program. I would like to pledge _____ monthly.
The appropriate form is enclosed.

Enclosed is my/our Annual Fund gift of \$_____.

Please make checks payable to Clarksville Academy
OR
Gifts can be made safely and securely online at ClarksvilleAcademy.com/Give

Contributions are tax deductible.

Thank you. For questions please call the Development Office at (931) 647-6311.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

I/We want to make a contribution by credit card. Please put my gift on Visa MasterCard

Card Number _____ Exp. Date _____

Signature _____