



Jarvis Christian College
DONATION and PLEDGE FORM

Please complete and return form to the Office of Institutional Advancement.

DONOR INFORMATION

Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Name of Church: _____

Class Year: _____

DONATION/PLEDGE INFORMATION

I/We donate a total of \$_____. This gift is unrestricted, endowed, or capital.

I/We pledge a total of \$_____ over _____ months/years. This gift is unrestricted, endowed, or capital.

Please bill me.

Monthly_____ Quarterly_____ Yearly_____

This donation is eligible for matching funds by _____ Corporation/Company.

Donor Signature: _____ Date: _____

Authorized Signature of VP Fiscal Affairs: _____ Date: _____

Please make checks, corporate matches, or other gifts payable to:

OIA
Jarvis Christian College
P.O. Box 1470
Hawkins, Texas 75765