
**PARK PLACE
CHRISTIAN ACADEMY**



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Business Phone: _____

Email: _____

I / We pledge: _____

I / We enclose our Campaign gift of: \$ _____

Balance to be paid: _____

Monthly Quarterly Semi-annually Annually

(Pledge may be paid over a period of 3 years)

Installments of: _____

Beginning: _____

Gifts matched by: _____

Signature: _____ Date: _____

**PARK PLACE
CHRISTIAN ACADEMY**



Thank you for your pledge!

Park Place Christian Academy
201 Park Place Drive
Pearl, MS 39208

Please complete and return to:

Park Place Christian Academy
Attn: Capital Campaign
201 Park Place Drive
Pearl, MS 39208