



CAPITAL CAMPAIGN PLEDGE FORM

I/We wish to support the NVS Capital Campaign with a gift as follows:

Total amount of Gift: \$ _____

One-time Gift

Multi-year Pledge to be made over: 1 year 2 years 3 years

Equal Payments to be made: Monthly Quarterly Semi-Annually Annually

I/We would like to begin payments on ___/___/___

Signature: _____ Date: ___/___/___

Does your company match gifts Yes Company name: _____

Company/Organization:* _____

Name(s)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

For Donor Recognition, I understand my name/company name will be listed as I have written above*

I wish to remain anonymous.

My gift is in Honor Memory of: _____

Please notify: _____

Please return this form to:

New Vistas School
Attn: Business Office
520 Eldon Street
Lynchburg, VA 24501

Please make checks payable to: New Vistas School

or

To pay online: <http://newvistasschool.org/capital-campaign-pledge>

Phone (434) 846-0301

BusinessMgr@newvistasschool.org