



## Mind - Body - Spirit Capital Campaign Pledge Form

I/we wish to support the New Vistas School Capital Campa	ign with a gift in the amount of: \$
One time gift (check enclosed or credit card: # Please make checks payable to New Vistas School.	Exp/ Security code
Multi-year Pledge to be made over: 1 year 2 year Equal payments to be made: Monthly Quarte I/we would like payments to begin on the following date	rly Semi-annually Annually
Signature:	Date:
New Vistas School is a 501(c)(3) tax-exempt organization. Gifts are  All donors will be recognized by the name/company l	isted below unless they wish to remain anonymous.
Company/Organization:	
Name:	
Address:City:	
Phone: Email:	
I wish to remain Anonymous.	
My gift is in honor of memory of:	
Please notify the following with an acknowledgement:	

## Please return this Pledge Form to:

New Vistas School Development Office 520 Eldon Street Lynchburg, VA 24501 Thank you for your support of New Vistas School! Please contact the Development Office at (434) 846-0301 with questions or to reserve a Naming Opportunity.