



**ANCHORED ON  
OUR FOUNDATION.  
FORWARD IN FAITH.**

## Gift & Pledge Intention

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Name

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Address

City

State

Zip

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Telephone

Email Address

Please email me with *Winnebago Lutheran Academy* updates

### Gift Information:

I (We) intend to give a total of \$\_\_\_\_\_ to the *Anchored on Our Foundation. Forward in Faith.* Campaign.

I will fulfill my pledge as follows:

- Single gift
- Multiple gifts – I will complete the pledge over (circle one): one/two/three years as follows:

Annually    Quarterly    Monthly   \_\_\_\_\_

Starting Date – Ending Date

### Payment Information:

- My check is enclosed payable to **Winnebago Lutheran Academy**
- Gift of Stock (Please contact Kevin Ehlke, 920-539-4041, to assist with transfer)
- Matching Gifts: My gift will be matched by:

My employer:

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My spouse's employer:

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Corporate Matching Gift Form(s) enclosed

*For instructions on how to make a corporate matching gift, please contact your company's human resources department or matching gift officer.*

- Charge my credit card (circle one): Visa / MasterCard / Discover

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
Month Year

Name on Card: \_\_\_\_\_ 3-digit CSC on back of card: \_\_\_\_\_

- Electronic Funds Transfer (see reverse)

### Authorization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(see reverse)*

**Gift Recognition:**

- Please publicly recognize this gift from: \_\_\_\_\_  
As you wish your name(s) to appear
- I am a member of \_\_\_\_\_ congregation.
- I am an alum of WLA - Class of \_\_\_\_\_
- Please **do not recognize this gift publicly**. I (We) wish for the gift to be ANONYMOUS.
- This gift is given (circle one) in honor of / in memory of: \_\_\_\_\_
- WLA is included in my estate plans.

**Electronic Funds Transfer:** *(Attach voided check or savings deposit slip)*

_____		_____	
Financial Institution Name		Phone	
_____			
_____	_____	_____	_____
Address	City	State	Zip
_____			
Account Number		Account Type	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	

I hereby authorize the transfer in the amount of \$\_\_\_\_\_ from my account listed above to Winnebago Lutheran Academy on the \_\_\_\_\_ day of each month. This authority is to remain in full force and effect for the period indicated on the reverse or until written notice from me has been received by Winnebago Lutheran Academy in such a manner as to afford reasonable time to act on it.

Payments are to begin in \_\_\_\_\_ of \_\_\_\_\_.  
Month Year

**EFT Authorization:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please mail this form, with payment to:**  
**Winnebago Lutheran Academy**  
**475 E Merrill Ave**  
**Fond du Lac, WI 54935**

*For additional information, please contact Kevin Ehlke at  
920-539-4041 or email: kehlke@wlvikings.org*

Winnebago Lutheran Academy is a 501(c)3 charitable organization.  
Donations may be deducted as the law allows. Federal ID #: 39-0910385