



# Calhoun Academy

## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of:

**Cavalier Level: \$1000 or higher** \_\_\_\_\_

**Gold Level: \$500-\$999** \_\_\_\_\_

**Blue Level: \$100-\$499** \_\_\_\_\_

**Friends of Calhoun Academy: \$1-\$99** \_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

---

**Signature(s)**

**Date**

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

Calhoun Academy  
81 Academy Road  
PO Box 526  
St. Matthews, SC 29135  
Attn: Technology Fund