

I support Pamlico Christian Academy Capital Campaign

YOUR DETAILS **FULL NAME:** PHONE: **EMAIL:** Mailing ADDRESS: CITY: STATE: ZIP: **TELL US MORE: DONATION DETAILS DONATION AMOUNT: FREQUENCY:** One-time Monthly Annual ○ 5 Years DURATION: 3 Years SIGNATURE: Thank you for your generous donation and support for our school.

www.PamlicoChristianAcademy.org/capital-campaign/