

Phoenix Christian Partners Enrollment Form

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Enroll me as a Phoenix Christian Partner in the following way:

Monthly PC Partner (Circle Donation Amount)

\$1000 \$500 \$250 \$100 \$50 \$25 \$10 other

Annual PC Partner (Circle Donation Amount)

\$5000 \$1000 \$500 \$250 \$100 \$50 \$25 \$10 other

Donations may be made in one of two ways:

Check (payable to PCHS) Check # _____

Monthly EFT (Electronic Funds Transfer)

Checking/Savings Account # _____

Financial Institution Routing # _____

I hereby authorize Phoenix Christian Jr/Sr High School to initiate entries to my checking/savings account at the financial institution listed above and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until Phoenix Christian Jr/Sr High School is notified by me in writing to cancel it in such time as to afford Phoenix Christian Jr/Sr High School and the financial institution listed above, a reasonable opportunity to act on it. NOTE: Your bank account will be debited on the 5th day of each month. However, if the 5th falls on a weekend or holiday, it will be debited the next business day.

Please attach a voided check or deposit slip to this form.

Signature _____ Date _____

Mail Completed Form and Attachments to:

Phoenix Christian Jr/Sr High School, 1751 W. Indian School Rd.,
Phoenix, AZ 85015-5235

Thank you for becoming a Phoenix Christian Partner!