



Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_

email \_\_\_\_\_

YES!  I/We will pledge \$\_\_\_\_\_ per month to Grace Christian Academy

Send check payable to:

**Grace Christian Academy**  
**P.O. 853**  
**Pulaski, WI 54162**



THANK YOU FOR YOUR PRAYERS AND SUPPORT!!  
We will send you another pledge form next month.



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