



Please mail this form and your check to:
True Partnership Christian Academy
434 Conyers Rd.
Loganville, GA 30052

Date: _____ (*Please PRINT all information clearly*)

Enclosed is my check in the amount of \$ _____ payable to the True Partnership Christian Academy .

My Name: _____

Address: _____

City/State/ZIP _____

Home phone: (_____) _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

_____ General Donation

_____ Gift towards a special project: _____
(name of the project)

_____ Gift in honor of: _____
(name of individual)

Send acknowledgment card to:

Name: _____

Address: _____

City/State/ZIP: _____

We thank you for your support.

Your contribution is tax-deductible. To reduce administrative costs, your gift will be processed at a central facility.

True Partnership Christian Academy cares about and protects your privacy. The information you provide to the Society will only be used as described in our privacy policy, <https://www.truepca.org/privacy-policy>.