Legacy Pledge Card

Legacy Pledges can be made by businesses, individuals, families, or groups (eg, multiple families who combine funds). Once a Legacy Pledge Card is submitted, you will be contacted by a MICS Soar Foundation Representative to reserve your Naming Rights location and to document your plaque inscription.

Contact Information

Sponsor Name (Individual/Family/Group/Business): _____

Contact Person:_____

Address: _____

Phone: _____ Email: _____

In support of the MICS mission and goals of providing a quality education focused on academic excellence, positive character, service and leadership, I/we make the following commitment to the MICS Soar Foundation:

Pledge Information

Option 1: $_____ (one time pledge/gift) to be paid in full on or before _____.

Option 2: $_____(total) to be paid $_____(yearly amount) for one/two (circle one) year(s).

Payable as follows (circle one):

Annual payments Semi-annual payments Quarterly payments *Monthly payments

Of $_____ Beginning _____

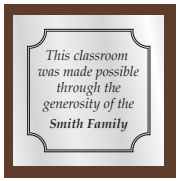
**Monthly option is available to those who sign-up for automated bank withdrawal. To select this option, please complete the Automatic Monthly Withdrawal Authorization Form on the back of this Pledge Card and provide a voided check.*

My employer _____ has/may have a matching gifts program and I am interested in having them match my gift.

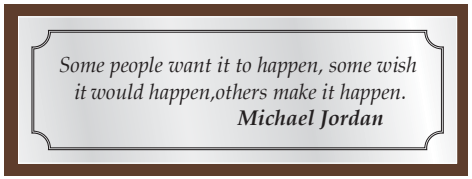
I am interested in sponsoring the Naming Rights for_____.

Sample Plaque Inscriptions:

Dedication Plaque



Quotation Plaque



Checks should be made payable to "MICS" and mailed to

MICS Soar Foundation
13440 Lucia Riverbend Hwy
Mount Holly, NC 28120

Soar Foundation
MOUNTAIN ISLAND CHARTER SCHOOL

Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing the MICS Soar Foundation to withdraw donations directly from your bank account each month. **Please complete all three sections.**

SECTION 1: Designation of Gift

Total Payment of: $ _____ to be payable for _____months in the amount of $_____/month

(total amount pledged) (#of months) (monthly amount)

SECTION 2: Authorization for Automatic Monthly Withdrawal

Start Date: (mm/yy)_____/_____ (withdrawals will be made on or about the 15th day of each month)

Type of account: _____Checking_____Savings

Bank Name:_____

Routing # (9 Digits): _____

Account # (10 Digits):_____

Please attach a VOIDED check

SECTION 3: Personal Information

Name:_____

Street Address:_____

City:_____

Phone:_____

Email:_____

Authorization Agreement for Automated Withdrawals:

I hereby authorize and request the MICS Soar Foundation to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit initiated by MICS Soar Foundation to such account. It is understood that this agreement may be terminated by me at anytime by written notification to the MICS Soar Foundation. Any such notification to the MICS Soar Foundation shall be effective only with respect to entries initiated by the MICS Soar Foundation after receipt of such notifiaction and a reasonable opportunity to act on it.

Signature:_____ Date:_____

All contributions are tax-deductible to the extent provided by law. Consult your tax professional for specific information.

Return, along with completed Pledge Form to:

MICS Soar Foundation
13440 Lucia Riverbend Hwy
Mount Holly, NC 28120