



Community Capital Campaign

Pledge Form



HILLSIDE
CHRISTIAN COLLEGE

Contact Details

First Name

Last Name

Email

Billing Address*

*This is required for tax purposes.

Address Line 1

Address Line 2

Suburb

State

Post Code

Contact Phone Number

Pledge Amount

\$

Donation Frequency

☐ One off

☐ Fortnightly

☐ Monthly

☐ Annually

Optional

☐ Sign me up to the quarterly newsletter!

☐ My first name and suburb can be published on the College website in appreciation of my donation.

I understand it is my responsibility to establish a recurring payment arrangement with my banking provider.



In signing this pledge, I understand my monetary donation will be processed into the HillSide Christian College Building Fund, and a receipt will be issued following each donation.

Signature

Date



Please return this Pledge Form to the HillSide College office
or email to ourfuture@hillside.wa.edu.au