

# GENERAL SPONSORSHIP FORM



This is Dakota Adventist Academy's means of relaying an individual's desire to help provide financing for a particular student. It is a volunteer program and typically no statements or reminders will be sent. Each sponsor is responsible for sending in payments as noted below. ***If you do not make your pledged payment, the family will be held responsible for all balances due and ultimately, the student could be adversely affected.*** Please follow-through on your commitment.

Once this form is completed, it should be returned to the Business Office at the Academy.

Please note that based on IRS regulations, if you wish to receive a tax deductible receipt, you cannot designate specific individuals to receive your funds. Any remittance made as a result of this general sponsorship form for a specific student will be applied directly to the student's account and will not be issued a tax receipt.

If you wish to make a tax-deductible donation, you may do so by remitting a payment to Dakota Adventist Academy Worthy Student Fund, and the scholarship committee will make a decision on who is approved to receive those funds.

## Agreement

Name of Student: \_\_\_\_\_ School Year: \_\_\_\_\_

I believe in the above student and want him/her to be able to receive a quality Christian Education at DAA.

I agree to sponsor the above named student. My sponsorship will be made as follows (be specific, such as, "A total of \$1000, to be paid as \$100 by the 20<sup>th</sup> of the month, beginning with August and ending with May", etc.)

**Total Amount: \$\_\_\_\_\_ to be paid as follows:**

Payments will be made as follows:

\_\_\_\_\_ by check (*payable to Dakota Adventist Academy, 15905 Sheyenne Circle, Bismarck, ND 58503*)

\_\_\_\_\_ by Credit Card. Please charge the amount shown above to the following credit card:

(VISA, MC, Amex, Discover) # \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ (MM/YY)

Security Code on back of card: \_\_\_\_\_

## Sponsor Information

Name of sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your investment in this future Leader!*

This form may be sent to the email address below.

15905 Sheyenne Circle, Bismarck, ND 58503 ~ [www.mydaa.org](http://www.mydaa.org) ~ 701-258-9000 email: [Info@mydaa.org](mailto:Info@mydaa.org)