

GEORGIA ASSOCIATION OF CHRISTIAN SCHOOLS
RELIGIOUS LIBERTY FUND

School Name: _____
Address: _____ Phone () _____
City: _____ State: _____ ZIP: _____

Our school/church realizes the need of GACS representation in the state and federal legislatures. We want to help support the costs of this representation by contributing the following amount to the **“GACS Religious Liberty Fund.”**

Monthly: \$100 \$75 \$50 \$25 Other: \$ _____

Annually: \$100 Other: \$ _____

One-time gift: \$ _____

Our gift is enclosed:

Date _____ Signed _____
(Pastor or Administrator)

MAKE CHECKS PAYABLE TO GACS AND RETURN TO:

Georgia Association of Christian Schools
1551 Jennings Mill Road
Suite 2100-A
Bogart, GA 30622