

# GEM STATE ADVENTIST ACADEMY

## Sponsorship Commitment

16115 S. Montana Ave., Caldwell, ID 83607  
Phone (208) 459-1627 Ex. 144 Fax (208) 454-9079

I am able to sponsor \_\_\_\_\_, a student at Gem State Adventist Academy, by offering the following assistance for the 2016-2017 academic year.

(Initial and complete the items of your choice)

\_\_\_\_\_ I will increase this student's wage by \_\_\_\_\_ per hour.

\_\_\_\_\_ I will pay a monthly amount of \_\_\_\_\_ toward this student's account.  
(Circle one: 10 month or 12 month payments)

\_\_\_\_\_ I will pay the total amount of \_\_\_\_\_ in one installment towards this student's account.

\_\_\_\_\_ I will be responsible for coordinating this student's sponsorship and seeing that adequate funds are raised for the 2017-2018 academic year. I am not responsible for raising funds for any prior balance this student may have.

I agree to the commitment(s) I initialed above and the amounts that have been entered. I understand that this will help support this student in receiving an Adventist education at Gem State Adventist Academy. **I understand that these contributions are not tax deductible donations.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

(Please print)

City/State/Zip \_\_\_\_\_

Please mail or fax this form using the above information

**THANK YOU SO MUCH FOR YOUR SUPPORT!**