



**I want to contribute to Weekend Academy and help motivate & inspire our future leaders!**

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Name

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Address

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City

State

Zip

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Phone number

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Email

Enclosed is my contribution of: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Monthly

\$ \_\_\_\_\_ One-time gift

\_\_\_ Please designate my gift in Honor of: \_\_\_\_\_

Please make checks payable to *Weekend Academy, Inc.*

**Return to: Jerilyn Sanders, President  
Weekend Academy, Inc.  
1101 Market Street, LP 5B  
Chattanooga, TN 37402**

***Thank you!***