



PLEDGE FORM

DONOR INFORMATION

Donor Name (Legal): _____

Donor Name (for press): _____

Address: _____

Email: _____ Phone: _____

Additional Signer: _____
(If Applicable)

Email: _____ Phone: _____

PLEDGE

Pledge Amount: _____ Start date: _____

All Gifts are Considered unrestricted Community Campaign gifts and are applied to the overall goals campaign.

Pledge Term: **one-year**

(Circle one)

two-year

three-year

four-year

five-year

tribute or honorary gift language (optional)

in honor of

in memory of

Requested naming opportunity: _____

MUTUAL UNDERSTANDING

The donor intends to fulfill this charitable pledge according to the schedule selected above. The donor will notify the school if circumstances change. The school acknowledges that no goods or services were provided in exchange for this pledge. Contributions are tax deductible to the extent allowed by law.

Donor: _____ Date: _____

Additional Signer: _____ Date: _____
(If Applicable)

Organization representative: _____ Date: _____