



Contribution Pledge Form

CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State ____ Zip _____

Telephone Numbers: Home (_____) _____ Work: (_____) _____

E-mail Address: _____

I would prefer that this contribution and/or my name be kept confidential. Thanks!

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 \$ 500 \$100 \$50 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ Once Every: Month Quarter Year, amounting to a Total of \$ _____

Please make my repeating donation continue until Month _____, Year _____.

MATCHING CONTRIBUTIONS

Does your employer match donations?

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

Check enclosed, Please make checks payable to "Center School"

I will set up auto Bill Pay with my bank payable to "Center School"

I will set up auto payments with Paypal payable to "Center School" Please email me the link!

Please bill my credit card:

Name on Card	
Credit Card #	
CVV #(3 digit on back of card)	
Exp. Date	
Street # or PO # where CC bill goes	
Zip code where bill goes	