

PLEDGE AGREEMENT

CONTACT INFORMATION:

Business/Organization/Family Name: _____

First and Last Name: _____

Address: _____

Phone (cell): _____ Phone (work): _____

Email: _____

List my/our name in any donor recognition materials as: _____

I/we pledge a gift to The Foundation for the Bethlehem Area School District in the amount of \$ _____ to be designated to _____

The Foundation for the BASD assumes the responsibility to redirect funds in the event that the original designation is no longer viable, taking the original intent of the donor into prime consideration and allocating these funds to support the Foundation for the BASD's general mission.

I/we intend for the payment of this commitment to be made over:

1 YEAR 2 YEARS 3 YEARS 4 YEARS 5 YEARS

This equals a gift of \$ _____ each year with the initial payment starting by _____

with subsequent installments made:

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

Send pledge payment reminders:

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

_____ I/we prefer to make my gift with a recurring credit card payment (PayPal).
(Foundation pays 2.5% processing fee)

_____ I/we prefer that my gift remain anonymous.

Donor Signature

Date

Executive Director Signature

Date