



Annual Fund Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I/We want to support AHS with a gift/pledge of:

- \$100
- \$500
- \$1,000
- Other \$ _____

Giving Levels:
 Snowy Owl up to \$999
 Leadership gift of \$1,000+
 Innovator gift of \$1,986
 Visionary gift of \$2,500+

Signature: _____

Please Note: Pledges allow you to make a contribution with payments spread over a period of time. Reminders will be sent to you about your commitment. All pledges are due by June 30th, the end of Academy Hill School's fiscal year.

To complete your pledge or to make an initial payment on your pledge today, complete the information below.

- Enclosed is a check for \$ _____ made payable to Academy Hill School
- Please charge my/our gift to: AMEX MasterCard Visa Discover

Charge my credit card one time in the amount of \$ _____

Charge \$ _____ monthly from _____ until _____ for a total of \$ _____

Account # _____ CVC: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

- The following company will be matching my gift _____
- My/Our gift is in honor of the following: _____
- My/Our gift is anonymous.
- List my/our name for recognition purposes as follows: _____

*** Donate online by visiting our Support AH tab on our website ***