

Donation Pledge Form

New Renewal

COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____ CITY _____ ZIP _____

PHONE # (DAY) _____ (EVENING) _____

FAX # _____ EMAIL _____

WEBSITE _____

() Contact me about additional corporate sponsorship opportunities

LEVELS OF GIVING

- | | | | |
|--|----------|---|------------|
| <input type="checkbox"/> \$25,000 or more | Platinum | <input type="checkbox"/> \$500 - \$999 | Benefactor |
| <input type="checkbox"/> \$10,000 - \$24,999 | Gold | <input type="checkbox"/> \$250 - \$499 | Supporter |
| <input type="checkbox"/> \$5,000 - \$9,999 | Silver | <input type="checkbox"/> \$100 - \$249 | Friend |
| <input type="checkbox"/> \$1,000 - \$4,999 | Bronze | <input type="checkbox"/> Other \$ _____ | |

Please accept my gift of \$ _____ for 20 _____

If you would like to make a monthly pledge, please indicate the amount per month.

Monthly Gift \$ _____

Please designate my gift to:

- | | | | |
|---|---|------------------------------------|-------------------------------|
| <input type="checkbox"/> Summer Library Reading Program | <input type="checkbox"/> Undesignated (Area of Greatest Need) | <input type="checkbox"/> Athletics | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Academics | <input type="checkbox"/> Agriculture | | |

Method of Payment

Please make check payable to:

Foundation for Central Schools

Credit Card – visit our website and click on the donate now button to donate

www.centralfoundation.org