



CAMPAIGN PLEDGE FORM

Building a Space Where Every Child Can Learn

Name: _____
(Please clearly print name as you want it recognized; please initial here if anonymous _____)

Address: _____

City, State & Zip _____

Day/Cell Phone #: _____

Email: _____

Your email address will not be shared with any other organizations.

Business/Organization Name (if donor): _____

.....
In support of Specialty Tutoring's campaign, I/we pledge:

Total Pledge/Donation \$ _____

To be paid:

___ One time

___ Paid Now \$ _____

___ Annual Installments of \$ _____ on _____ (month-1st day)
for ___ 2 years ___ 3 years ___ 4 years ___ 5 years

___ Other _____

Non-cash gifts will be considered on a case-by-case basis.

In the event the individual or company/organization fails to fulfill its pledge obligation in full, the Specialty Tutoring Board of Directors shall have the right to rescind any naming rights or other recognition the individual/company/organization receives in consideration of the pledge.

___ Check (payable to: Specialty Tutoring)

___ Credit Card # _____ Exp Date _____ Code _____

___ VISA ___ MASTERCARD

Name & Address if different than above: _____

___ I authorize Specialty Tutoring to charge my credit card per schedule above
without notifying me (please initial)

___ Please send me a reminder/invoice for my payment in _____

Signature: _____ Date: _____

THANK YOU FOR BUILDING A STRONGER FUTURE FOR CHILDREN!

Specialty Tutoring 12603 Coldwater Road, Fort Wayne IN 46845 #260.637.0144