

# Pledge Form



## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

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## **PLEDGE INFORMATION**

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  check  credit card  other.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

Additional Form enclosed  Additional Form will be forwarded

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## **ACKNOWLEDGEMENT INFORMATION**

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks, corporate matches,  
or other gifts payable to:

Alabama STEM Education  
Post Office Box 778  
McCalla, Alabama 35311