

Name: _____

Address: _____

Zip Code: _____

Phone: _____

E-mail: _____

Child/Children (name and grade): _____

Pledge Amount

- I want to give more! \$ _____
- \$1,300 (suggested amount per student)
- \$750
- \$250
- \$100
- \$ _____ other (amount of your choice)
- \$ _____ employer matching amount

(Maximize your donation with a matching gift from your employer. Please include your company's gift with this pledge form. Tax-exempt ID # is E9968-1730. EIN # is 36-3645126.)

Total Amount Pledged: \$ _____

Payment Options

- Pay in full
- Pay in _____ equal installments

*Payments can also be made online through PayPal to FOAfundraising@yahoo.com