



ANN ARBOR PUBLIC SCHOOLS

# Educational Foundation

FUNDING EXCELLENCE & INNOVATION

## PLEDGE AGREEMENT

### SECTION A: DONOR INFORMATION

Name(s)

Address:

Phone: Home

Phone: Work

E-mail Address:

### SECTION B: BUSINESS INFORMATION

Name:

Title:

Address:

Phone:

Fax:

E-mail Address:

### SECTION C: PLEDGE INFORMATION

Please allocate my pledge of \$ \_\_\_\_\_ to:

Initiatives for Excellence

Teacher Grants

Where Most Needed

Give primary credit to:  me  me and my spouse  business

My gift will be matched by \_\_\_\_\_  my employer  my spouse's employer  
(Please obtain form from company and submit to AAPS Educational Foundation for completion.)

### SECTION D: PAYMENT INFORMATION

*The payment schedule I prefer is:*

Annual payments of \$ \_\_\_\_\_ to begin \_\_\_\_\_

Quarterly payments of \$ \_\_\_\_\_ to begin \_\_\_\_\_

Monthly payments of \$ \_\_\_\_\_ to begin \_\_\_\_\_

Other: \_\_\_\_\_

Please send my pledge reminder via:  E-mail  US Mail  No reminder necessary

*My preferred method of payment is:*

Check made payable to AAPSEF

Charge my  VISA  MasterCard  Discover

Name on card: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### SECTION E: SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_