



Realizing Potential • Transforming Lives

# Pledge Form

## Donor Information (please print or type)

Name

Billing address

City

State

Zip Code

Telephone (home)

Telephone (business)

Fax

E-Mail

## 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

Credit card number

Expiration date

CID Code

Authorized signature

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

\_\_\_ form enclosed \_\_\_ form will be forwarded

## Acknowledgement Information

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

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

Signature(s)

Please make checks, corporate matches, or other gifts payable to:  
Pathways Academy, 5651 Jefferson Street NE, Albuquerque, NM 87109