



Pledge Form

Contact Information [Please print clearly]

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail Address: _____

Donation:

One-Time Donation in the amount of:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 \$20

Other Amount: \$ _____

Recurring Donation in the amount of:

The sum of \$ _____ once every Week Month Quarter Year

Method of Payment [Please choose one]

Check Cash:

Payment Information

Enclosed is my check/ money order in the amount of \$ _____.

Please make check(s)/ money order payable to: Scholarships Campaign Haiti Operation of Love, S.C.H.O.O.L.

S.C.H.O.O.L. Administration only:

Sponsee: _____ **Grade** _____ **Age:** _____ **M/F** **Location:** _____