

• Student Sponsorship Pledge 26-27

Complete this sponsorship pledge form with your contact, commitment, giving strategy, payment, and signature details. All fields are optional unless marked required.

• Sponsor Information

• Name

• Name of Sponsorship Group (if applies)

• Cell Phone

Please enter a valid phone number.

• E-Mail(s)

example@example.com

• Address

Street Address

Street Address Line 2

City

State / Province

Postal /

Zip Code

• Commitment and Engagement

• Commitment Level

\$15,000 Full Sponsor \$11,000 \$5,500 \$2,500 Other

• Other Commitment Amount

• Commitment Time Frame

26–27 year 3-year middle school commitment

• Interested in opportunities to connect with your student throughout the school year?

Yes No

• Would you prefer this form be emailed to you?

Yes No

• Would you like a receipt of your donation mailed?

Once annually For individual donations

• Giving Strategy and Invoicing

• Preferred Giving Strategies

Stock Transfer DAF (Donor Advised Fund) QCD ACH Withdrawal Check Other

• Would you like us to follow up with you on the giving strategy that might be best for you?

Yes No

• Please invoice me

Monthly Quarterly Annually

• Invoice - Preferred Date(s)

- **ACH Authorization**

- ACH Authorization Name

- ACH Amount Per Withdrawal

- ACH Charge Frequency

Monthly Quarterly Annually

- ACH Charge Date(s)

- ACH Billing Address

Street Address

Street Address Line 2

City

State / Province

Postal /

Zip Code

- ACH Account Type

Checking Savings

- Bank Name

- Bank Account Number

- Bank Routing Number

- Bank City and State

- **Signature Authorization**

- Sponsor Signature*

Clear

Powered by [Jotform Sign](#)

- Signature Date*

Date

- **Credit Card Payment Details**

- Cardholder Name

- Payment Card Number

- Security Code

- Card Expiration

- Billing Address

Street Address

Street Address Line 2

City

State / Province

Postal /

Zip Code

- Charge Frequency

Monthly Quarterly Annually

- Charge Date(s)

- Submit