

# Pledge Form



## Elsie Marrow Legacy Foundation

“Supporting Tomorrow’s Educators”

Donor Information (please print or type)  Friend of Elsie  One-time Contribution

Name

Billing address

City, ST Zip Code

Phone 1 | Phone 2

Fax | Email

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

\$100  \$250  \$500  \$1,000  \$5,000 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 | Exp. date

Credit card number

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:

Date

Elsie Marrow Legacy Foundation  
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