



PLEDGE FORM

Donor Information (Please type or print)

Name _____

Billing Address _____

City, State, Zip Code _____

Phone _____

Email _____

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, other

Gift will be matched by (company/family/foundation) _____

I (we) wish to have our gift remain anonymous

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

Please make checks, corporate matches or other gifts payable to:

Waterliet Public Schools Foundation
450 E. Red Arrow Hwy., Waterliet, MI 49098

Online Donations can be made at: <https://wps-foundation.org> Click <Donate>