EDGEWOOD
HIGH SCHOOL
OF THE SACRED HEART
BELIEVE • ACHIEVE

PLEDGE AGREEMENT

SECTION A: DONOR INFORMATION

Name: Name:

Address: Phone: Home Work

E-mail Address:

SECTION B: BUSINESS INFORMATION

Name: Title:

Address: Phone: Fax:

Country: E-mail Address:

SECTION C: PLEDGE INFORMATION

Please allocate my pledge of $_____ to:

- ☐ EHS Annual Fund
- ☐ Endowment
- ☐ Restricted Project: _____

Internal Use Only: Fund # _____

Give primary credit to: ☐ me ☐ me and my spouse ☐ businesss

☐ My gift will be matched by _____ ☐ my employer ☐ my spouse's employer.

(Please obtain form from company and submit to Edgewood High School for completion.)

☐ I would like additional information on using planned gifts (estate planning) to benefit Edgewood High School's programs.

SECTION D: PAYMENT INFORMATION

The payment schedule I prefer is:

☐ annual payments of $ to begin

☐ quarterly payments of $ to begin

☐ monthly payments of $ to begin

☐ Other:

My preferred method of payment is:

☐ Check made payable to Edgewood High School

☐ _____ shares of _____ stock

☐ Automatic withdrawal (Electronic funds transfer - please attach voided check)

☐ Charge my ☐ VISA ☐ MasterCard ☐ Discover/Novus

Name on card: Number: Expiration Date:

Cardholder Signature:

SECTION D: SIGNATURE

Signature: Date:

Printed Name:

Mail to: Advancement Office, Edgewood High School, 2219 Monroe Street, Madison WI 53711-1999. Thank you!