



Santa
Monica
Education
Foundation

PLEDGE FORM

Donor Information

Full Name _____
Address _____
Email _____
Phone _____
Spouse/Partner _____

Donation Details

Pledge Amount \$ _____ (excluding any anticipated matching gifts)
Frequency of payments (select one) ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually
Duration of payments (number of years) _____ Start date _____
Do you anticipate your gift will be matched? Specify Company _____
Please specify the name on the payment, if different than surname _____

Designation

\$ _____ Santa Monica Ed Foundation Annual Fund
\$ _____ For Athletics Campaign
\$ _____ Endowment (specify) _____
\$ _____ Wine Auction Paddle Raise

Submit your pledge form by email, post, or by clicking below.

Contact Us

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