



Santa  
Monica  
Education  
Foundation

# Athletics Campaign Pledge Form 2024-2025

## 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

\$ \_\_\_\_\_ Athletics Campaign

I, \_\_\_\_\_, by signing this donation pledge form, acknowledge and agree that this pledge represents my commitment to donate the specified amount to the Santa Monica Education Foundation.

Digital Signature \_\_\_\_\_ Date \_\_\_\_\_

**Download your completed form and submit by e-mail or address below.**

310-396-4557 [info@smedfoundation.org](mailto:info@smedfoundation.org) 1717 Fourth Street, Santa Monica, CA 90403