



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 _____

How do you wish to be acknowledged on our Honor Roll of Giving?

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.

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