



Athletics Campaign Pledge Form

Donor information

Full name _____
Address _____
Email _____
Phone _____

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 above _____

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.

Signature _____ Date _____

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