

Annual Fund Pledge Form

2026-2027

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 _____

Add 3% to cover credit card processing fees? ☐ Yes ☐ No

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 _____

310 396-4557 info@smedfoundation.org 1717 Fourth Street, Suite 132A, Santa Monica, CA 90401