

# PLEDGE FORM

*Annual Star Appeal*



## Personal Information



LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	APT.	CITY
STATE	ZIP CODE	PHONE #

**SELECT ONE:**

- DISTRICT OFFICE     THORNRIDGE     THORNTON     THORNWOOD

### GIFT

My gift provides funding for the Academic Enrichment Foundation's annual giving priorities.

Total Gift: \$ \_\_\_\_\_

### PAYMENT (PLEASE SELECT ONE)

- Payroll Deduction

\$ \_\_\_\_\_ Per Pay Period                  \_\_\_\_\_ Pay Periods = Total Gift

- Check

A check payable to Academic Enrichment Foundation is enclosed for amount of total gift.

### RECOGNITION (PLEASE SELECT ONE)

- I am a GALAXY Giver**  
I'm giving \$500 and above to Star Appeal
- I am a SOLAR Giver**  
I'm giving \$250 to Star Appeal
- I am a PLANETARY Giver**  
I'm giving \$150 to Star Appeal
- I am a STAR Giver**  
I'm giving \$50 to Star Appeal