

Pledge Form



Atlanta Chapter of the Carver Alumni Association

Strive not to equal but to excel

Donor Information (please print or type)

Name _____

Billing address _____

City, ST, Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Atlanta Chapter of the Carver Alumni Association
P.O. Box 361914
Decatur, Ga. 30036