

friends of albert einstein academies

Pledge Form

2010/2011 School Year

Donor Information

Name: _____

Billing address: _____

Phone: _____

Email: _____

Pledge Information

I (we) pledge a total of \$ _____ of Friends of Albert Einstein Academies for the 2009/2010 School Year. Recommended donation: \$1 per day (\$300/per child).

This pledge will be paid:

now (in full) monthly quarterly

I (we) plan to make this contribution in the form of:

cash check

My (our) gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded

Acknowledgment Information

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

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

My (our) child(ren) is/are in: _____ grade(s).

Signature(s):

_____ date _____

_____ date _____

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

Friends of Albert Einstein Academies, 3035 Ash St., San Diego, CA 92102