friends of albert einstein academies

Pledge Form

2013/2014 School Year	
Donor Information	
Name:	
Billing address:	
Phone:	
Email:	
Pledge Information	
I (we) pledge a total of \$ of Friends of Albert Einstein A Year. Recommended donation: \$1 per day (\$300/per child).	cademies for the 2013/2014 School
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 wil 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