



## 2017-18 Pledge Form

I/we \_\_\_\_\_ give/ pledge \$ \_\_\_\_\_ to The Museum School Foundation in support of The Museum School of Avondale Estates. My gift/pledge will support capital improvements for The Museum School of Avondale Estates.

**Gift Amount:** \_\_\_\_\_

**Schedule of Payment:** I/we will fulfill my/our pledge per the schedule below:

\$ \_\_\_\_\_ to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_  
\$ \_\_\_\_\_ to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_  
\$ \_\_\_\_\_ to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_  
\$ \_\_\_\_\_ to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_  
\$ \_\_\_\_\_ to be paid on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Method of payment - please check all that may apply towards this pledge:**

- I pledge to make a recurring payment of \_\_\_\_\_ each month for a total pledge of \_\_\_\_\_.
- I am unable to make a long term commitment now, and would like to make a one-time gift of \$\_\_\_\_\_.
- Credit Card (MasterCard, Visa, AMEX only)       Check (payable to "The Museum School Foundation")

Credit Card Information:

Name (as it appears on card): \_\_\_\_\_

Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEDGE INFORMATION:**

Name(s) – As you wish to be recognized: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I/we request this gift be considered anonymous.

Please fill out and return to The Museum School, 923 Forrest Boulevard, Decatur, GA 30030. For questions, please contact Foundation President Emily Gallagher at 404-625-2155 or [emily.gallagher@themuseumschool.org](mailto:emily.gallagher@themuseumschool.org)