



Freeman Academy

Pledge Form

Donor Information (please print or type)

| | |
|----------------------|--|
| Name | |
| Billing address | |
| City | |
| State | |
| ZIP Code | |
| Telephone (home) | |
| Telephone (business) | |
| Fax | |
| E-Mail | |

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 (Please contact me about Electronic Funds Transfer).

| | |
|----------------------|--|
| Credit card type | |
| Credit card number | |
| Expiration date | |
| 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:

Freeman Academy
PO Box 1000
Freeman, SD 57029-1000

If you are interested in any other giving alternatives, please contact Vernetta Waltner, Development Director, at (605)925-4237, ext. 235 or vwaltner@freemanacademy.org.