



HELPING EDUCATION ONE STEP AT A TIME.

Pledge Agreement

SECTION A: DONOR INFORMATION

Name(s):

Address:

Home Phone:

Work Phone:

E-mail Address:

SECTION B: BUSINESS INFORMATION

Name:

Title:

Address:

Phone:

Fax:

E-mail Address:

SECTION C: PLEDGE INFORMATION

Please allocate my pledge of \$ _____ to:

___ Initiatives for Excellence ___ Teacher Grants ___ Where Most Needed

Give primary credit to:

___ me ___ me and my spouse ___ business

My gift will be matched by _____ ___ my employer ___ my spouse's employer

(Please obtain form from company and submit to CP Educational Foundation for completion.)

SECTION D: PAYMENT INFORMATION

The payment schedule I prefer is:

Annual payments of \$ _____ to begin _____

Quarterly payments of \$ _____ to begin _____

Monthly payments of \$ _____ to begin _____

Other: _____

Please send my pledge reminder via: ___ E-mail ___ US Mail ___ No reminder necessary

My preferred method of payment is:

___ Check made payable to CPEF

Charge my ___ VISA ___ MasterCard ___ Discover

Name on card: _____ Number: _____ Exp. Date: _____

Signature: _____

SECTION E: SIGNATURE

Signature: _____ Date: _____

Printed Name: _____

CPEF P.O. Box 67 Comstock Park, MI 49321