

PLEDGE FORM

Yes, I want to contribute to the Building Community Wellness Campaign in support of transforming the Health Careers Academy and school based mental wellness at San Marcos High School.

I pledge to contribute \$ _____ to the project.

Name: _____

Signed: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I would like to make payments:

☐ One-time, payable on _____

☐ Annual Installments of \$ _____, payable on _____ (month or date)

(Pledges may be payable in installments for up to three years)

☐ Monthly payments in the amount of \$ _____ per month for _____ months

☐ Please contact me to make specific arrangements.

Method of Payment:

☐ Enclosed is my check made payable to the SMHS Royal Pride Foundation (RPF)

☐ I authorize RPF to charge payment as described above to my credit card*:

Account # _____ ☐ Visa ☐ MC ☐ Amex

Exp. Date: _____ Signature: _____

☐ Please make withdrawals from my bank account as described above

Account # _____ ☐ Checking ☐ Savings

Routing # _____

This is how I would like to be recognized in donor materials:

** I understand that I may modify charges by contacting Dan Oh at dan@royalpridefoundation.org*