

SOAR Campaign Pledge Form



Soaring Eagle Academy
THINK • LEARN • ACHIEVE • SOAR

Donor Information (PLEASE TYPE OR PRINT)

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Business Phone _____

Email _____

Pledge Information

I (we) hereby contribute cash and/or assets to Soaring Eagle Academy SOAR Campaign.

I (we) pledge a total of \$ _____ amount enclosed \$ _____ remainder pledged \$ _____

I (we) wish to have this donation spread over 1 2 3 year(s) other _____

Contribution Form

I (we) plan to make my (our) contribution in the form of: Cash Check Charge Stock Other _____

Please charge my credit card: Visa MasterCard American Express Discover

Credit card number _____ Exp. Date _____

Authorized signature _____

Please bill/charge me beginning _____ and thereafter monthly quarterly yearly other _____

My gift will be matched by _____ (Company/Foundation/Family)

Matching gift form enclosed Matching gift form will be forwarded to Soaring Eagle Academy

Donor Recognition

Donors will be recognized in campaign materials unless an anonymous gift is requested

Please use the following name(s) in all acknowledgements _____

I wish to remain anonymous

Donor Signature #1

Donor Signature #2

I (we) have designated Soaring Eagle Academy in my (our) will/estate planning.

I (we) would like more information about planned giving.

Please make checks and corporate matches payable to: Soaring Eagle Academy
Donations are tax deductible to the extent allowed by law.

Mail your pledge to: Soaring Eagle Academy, PO Box 63, Riverside, IL 60546

I/we understand that this Pledge is, and intend it to be, binding and enforceable, and understand and intend that Soaring Eagle Academy will rely upon this Pledge.