

ELEVATE. ENLIGHTEN. EMPOWER.

The Campaign for Villa Academy



Name(s): _____

Street: _____

C/S/Z: _____

Phone: _____

Email: _____

Affiliation: current parent grandparent friend

alumni parent of alumni faculty/staff

PLEDGE PAYMENT METHOD

Initial payment is enclosed (please make check payable to Villa Academy Campaign).

I/We would like to make **credit card** payments (please email a link to process the transaction).

I/We would like to make a **gift of stock**. Please contact me by phone email

My company (name) _____ participates in a **matching gifts** program. I/We will provide the necessary info.

I/We would like to include Villa Academy in my **estate planning**. Please contact me.

GIFT RECOGNITION

I/We would like to be acknowledged in print materials as _____

I/We prefer to remain anonymous.

I/We make our pledge in honor memory of _____

Thank you for supporting Villa Academy's longevity and growth!

PLEDGE INFORMATION

I/We pledge to support Villa Academy's Capital Campaign in the amount of \$ _____

MULTI-YEAR PAYMENT OPTION

To fulfill our pledge, we will make payments of \$ _____

annually semi-annually

quarterly monthly

over the next 5 years, beginning (mo/yr) _____

OTHER GIFT INSTRUCTIONS

Villa Academy is relying on this pledge as the basis for undertaking the work for which the pledge is being made. The school considers this pledge binding. Cash gifts and pledge payments are nonrefundable. I agree to the above sum with the understanding that Villa Academy may make commitments in reliance on this pledge.

SIGNATURE

Date: _____