



Peoria Academy SY17/18 Annual Fund Pledge Form

Student Name(s): _____

Parent Name(s): _____

Parent Email: _____

Parent Phone Number: _____

How you would like your name to appear in recognition documents:

Check here if you wish to remain anonymous

We'd like to support Peoria Academy with a gift of:

\$50

\$1,000

\$100

\$5,000

\$500

\$12,500

Other (please specify): _____

This contribution is eligible for a matching gift from my employer _____

We'd like to pay our gift by:

Check

Credit Card

Bill my account monthly

Gift of Shares

See the enclosed document for more information on each type of giving.

Thank you so much for your support of Peoria Academy!!