



Peoria Academy 20th Birthday Campaign Pledge Form

Student Name(s): _____

Donor Name(s): _____

Email Address: _____

Phone Number: _____

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

-or-

Please check here if you wish to remain anonymous.

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

\$20 \$5,000

\$200 \$10,000

\$2,000 (begins Leadership Giving) \$20,000

Other (please specify): \$ _____

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

We'd like to pay our gift by:

Check Credit Card Gift of Shares Bill my account

We'd like to make this a recurring monthly donation:

Yes No

If yes, please note start date: _____

Thank you so much for your support of Peoria Academy!

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

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