

Pledge Form

Donor Information (please print or type)

Name(s)	
Address	
City, State, Zip Code	
Home Phone	
Business Phone	
Cell Phone	
Email	

Pledge Information

I (we) pledge a total of \$ _____, to be paid:

- Now
- Monthly, beginning _____ (date)
- Quarterly, beginning _____ (date)
- Yearly, beginning _____ (date)

I (we) plan to make this contribution in the form of:

- Cash
- Check
- Credit Card
- Other, please describe _____

Credit card type	
Credit card number	
Expiration date	
Authorized Signature	

Many employers will and organizations will match funds donated by employees or members.

Our gift will be matched by _____

- Form is enclosed
- Form will be forwarded

Acknowledgement Information

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

Please make my pledge in (memory/honor) of:

Send acknowledgement to:

Name
Address
City, State, Zip Code

.....
Signature	Date

Please make checks, corporate matches, or other gifts payable to:

Blue Streak Scholarship Fund, Inc.
5825 Shelby Oaks Drive
Memphis, TN 38134