

Pledge Form

I / We Agree To Make A Gift

We are delighted to make a pledge to Staten Island Academy. This pledge/gift is designated for the intent of fulfilling the objectives of the Renaissance Campaign for Staten Island Academy. This letter documents my/our financial commitment and serves as our formal statement of intent to provide this gift to Staten Island Academy. We recognize Staten Island Academy as a not-for-profit institution organized and existing under the laws of the State of New York. For charitable income tax purposes, we have made note of Staten Island Academy's Tax ID: 13-5600423

Signature:	Date:
My Contact Details	My Donation
Name	I/We would like to support the RENAISSANCE campaign with a gift/pledge of \$to be paid over the next year(s) / month(s), beginning
Address	on/(mm/yy). I/We have enclosed an initial payment of \$(optional).
City	PAYMENT FREQUENCY:
StateZip	□Monthly □Quarterly □Semi-Annually □Annually □Other:
E-mail	Donation Method
Phone	☐ DIRECT DEBIT
	Please set up a Direct Debit, using my Bank Routing #:
	& Account #:
Donor Recognition & Matching Gifts	☐ CREDIT CARD
➤ Naming Opportunities	Please charge my credit card:
☐ I am interested in securing a naming	O Visa O MasterCard O Amex O Other
opportunity. Please follow up with me regarding this option.	Cardholder's Name:
☐ I wish my gift to remain anonymous.	Card #:Exp. Date/Sec. Code:
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➤ Matching Gifts ☐ My gift will be matched by:	Checks should be made payable to Staten Island Academy . Statement reminders will be sent according to the payment schedule noted above.
Business name	☐ SECURITIES
Business name	I would like to fulfill my gift through a transfer of securities. Please contact me.
Amount matched: \$	☐ PLANNED GIFT / BEQUEST
≻ Alumni	I would like information on planned giving/how to include Staten Island
Staten Island Academy Class of	Academy in my will.
	☐ OTHER
	Please describe:

Thank you for supporting Staten Island Academy