

# RENAISSANCE



# STATEN ISLAND ACADEMY

# 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

NAME | \_\_\_\_\_

ADDRESS | \_\_\_\_\_

\_\_\_\_\_

E-MAIL | \_\_\_\_\_

PHONE | \_\_\_\_\_

## Donor Recognition & Matching Gifts

### NAMING OPPORTUNITIES

- I am interested in securing a naming opportunity. Please follow up with me regarding this option.
- I wish my gift to remain anonymous.

### MATCHING GIFTS

- My gift will be matched by: \_\_\_\_\_ (business name).  
Amount matched: \$ \_\_\_\_\_.

### ALUMNI

- Staten Island Academy Class of \_\_\_\_\_.

**Thank you for supporting  
Staten Island Academy**

Development Office | Staten Island Academy, 715 Todt Hill Rd. Staten Island, NY 10304  
Tel: (718) 987-8100 | E-mail: [development@statenilandacademy.org](mailto:development@statenilandacademy.org)

## My Donation

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 on \_\_\_\_/\_\_\_\_ (mm/yy).

I / We have enclosed an initial payment of \$ \_\_\_\_\_ (optional).

### Payment Frequency:

- \_\_\_\_ Monthly                      \_\_\_\_ Quarterly
- \_\_\_\_ Semi-Annually            \_\_\_\_ Annually
- \_\_\_\_ Other: \_\_\_\_\_

## Donation Method

### DIRECT DEBIT

Please set up a Direct Debit, using my Bank Routing #: \_\_\_\_\_ & Account #: \_\_\_\_\_

### CREDIT CARD

Please charge my credit card:  
Cardholder's Name: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec. Code: \_\_\_\_  
\_\_\_\_ Visa                      \_\_\_\_ MasterCard  
\_\_\_\_ Amex                      \_\_\_\_ Other: \_\_\_\_\_

### CHECK

Checks should be made payable to Staten Island Academy. Statement reminders will be sent according to the payment schedule noted above.

### SECURITIES

I would like to fulfill my gift through a transfer of securities. Please contact me.

### PLANNED GIFT / BEQUEST

I would like information on planned giving/how to include Staten Island Academy in my will.

### OTHER

Please describe: \_\_\_\_\_  
\_\_\_\_\_