

Porter Academy Pledge Form

Please print this form and send with your donation to

200 Cox Rd. Roswell, GA 30075

Name: _____

Address: _____

Phone number: _____

E-mail address: _____

In Memory/Honor of (optional): _____

Please send an acknowledgement card to:

Name: _____

Address: _____

Total Amount Pledged \$ _____ Amount Included Today \$ _____

To be paid

___ In Full on _____ (Date)

___ In Installments (Specify) _____

___ Other (Specify) _____

I'd like my pledge donation to go to the

___ Annual Fund (general use) ___ Capital Fund (facility improvements)

___ Scholarship Fund: specify student (optional) _____

I'm making a gift by:

___ Check (please make checks payable to Porter Academy)

___ Credit Card (circle one): Visa MasterCard American Express

Card #: _____ Expiration Date: _____

Signature: _____

Please fill out all the information so we can send you a TAX DEDUCTIBLE thank you letter.
We are accredited and a 501c3 organization.

Thank you!