

Pledge Form

The John Marshall Harlan High School Alumni Association, NFP
“We are what we repeatedly do. Excellence is not an act, but a habit”. *Aristotle*

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
cash ___ check ___ credit card ___ other ___

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
Form enclosed ___ Form will be forwarded ___

Acknowledgement Information

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

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date

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

John Marshall Harlan High School Alumni Association, NFP
P.O. Box 437767
Chicago, Illinois 60643