COUNT ON ME!

PINE FORGE ACADEMY FOUNDATION

ANNUAL GIVING CAMPAIGN

GIFT / PLEDGE FORM



| Name(s): | | | |
|---|--|---------------------|-----------------|
| Are you a PFA alumnus? Yes \Box No \Box If Yes, Years attended | | | ated: Enclosed |
| is my gift* of □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ \$1,000 □Other: \$ | | CHECK (Made Payable | |
| to PFA Foundation) CREDIT CARD: | □ American Express □ MasterCard □ VISA □ | Discover Account N | lumber: |
| | Expiration | Date: (I | MM/ VY) Name as |
| it appears on credit card: | | | |
| Signature: | | Date: | |
| Address: | City | State | Zip |
| Home Phone #: (| Business Phone #: (| | |
| Email: | | | |

 \square My/our contribution is eligible for a matching gift. I will send the form separately.

| Make checks payable to: Pine Forge Academy Foundation | n | | | |
|---|---|--|--|--|
| Mail to: | Inquiries: | | | |
| Pine Forge Academy Foundation | Edward Pelote, M.D. | | | |
| Attn: Cynthia Poole | PFAF President | | | |
| c/o Allegheny East Conference | Phone: 615.406.7373 | | | |
| 767 Douglass Drive | edwardpelotemd@pfafoundaiton.org | | | |
| Douglassville, PA 19518 | info@pfafoundation.org | | | |
| PLEASE US MY GIVE FOR: | | | | |
| Capital Campaign: Paul R. Jones Student Center Multiplex | \$ | | | |
| GeneralOperating Fund | \$ | | | |
| Other: Specify | \$ | | | |
| Total Gift Enclose | ed \$ | | | |
| My/Our gift is in Honor/Memory of | | | | |
| on the occasion of | | | | |
| I/we wish to make an additional pledge of \$for the following | years: □ 2017 □ 2018 □ 2019 □ 2020 □ 2021 | | | |
| Please indicate your choice of years above and add years if you wish: | | | | |
| Please invoice me: Annually Quarterly Monthly Other, Specify: | | | | |
| Signature: Date: | | | | |
| All gifts are tax deductible to the full extent | under the law | | | |
| Comments: | | | | |
| | | | | |
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