

DONATION/PLEDGE FORM

E.A. Young Academy is a 501(c)(3) non-profit organization per IRS Code.
Your donations to E.A. Young Academy are tax-deductible to the extent allowed by law. Tax ID 45-3930852

DONOR INFORMATION

Donor Name					
Address					
City		ST		Zip	
Phone 1		Phone 2			
Email					
In the Name of Scholar					

DONATION / PLEDGE TYPE

<input type="checkbox"/>	\$3,000 Tuition Gap Challenge	# of Scholars _____ X \$3,000 =	Total	\$
<input type="checkbox"/>	\$1,000 Per Scholar Challenge	# of Scholars _____ X \$1,000 =	Total	\$
<input type="checkbox"/>	Single Donation	\$		
<input type="checkbox"/>	Monthly Pledge	\$	# of Months	Total Amount
	Beginning Date		Ending Date	
<input type="checkbox"/>	Please contact me to discuss other ways I can help.			

CONTRIBUTION METHOD

<input type="checkbox"/>	Cash	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Contact me to arrange: _____	
<input type="checkbox"/>	Check	<input type="checkbox"/> Enclosed Check # _____	<input type="checkbox"/> Contact me to arrange: _____	
<input type="checkbox"/>	Charge	<input type="checkbox"/> One time	<input type="checkbox"/> Monthly (per pledge above)	<input type="checkbox"/> Contact me: _____
	Type	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX
		<input type="checkbox"/> Discover	Expiration	
	Card Number			CCV Code
	Authorized Signature			
Billing Information (please complete if the billing information is different than the donor information above)				
	Name		Phone	
	Address			
	City		ST	Zip
	Email			

ACKNOWLEDGEMENT: When acknowledging this donation, please:

<input type="checkbox"/>	Use the following name			
<input type="checkbox"/>	Use the Donor Name listed at the top	<input type="checkbox"/>	I (we) wish to remain anonymous.	

Signature(s) _____

Date _____

Donations may be made online at www.eayoungacademy.com/support-young