



Pledge/Donation Form

Name (How you want your name to appear in all recognition)

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Please indicate whether or not your donation is restricted to a specific campaign:

_____ Operations _____ JA BizTown _____ Education

_____ My gift is unrestricted. Use it where the JA need is greatest.

I would like to make my one time gift of \$ _____ by: (check one)

_____ Check attached

_____ Please invoice me

Please charge my credit card.

Total amount of pledge: \$ _____

Installment schedule:

One Time

Monthly

(check one)

Quarterly

Annually (renews each year)

Start date of pledge payments _____

Type of Credit Card VISA Mastercard American Express

Credit card number _____ Exp date _____

Signature _____ Date _____

Honorarium reason: _____
(birthday, in memoriam, marriage, anniversary, congratulations, in honor of, etc.)

Tribute Name: _____

Acknowledge to: _____

Address: _____

Mail to: Junior Achievement * 13805 58th St. N. Ste. 2-140 * Clearwater, FL 33760

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN FLORIDA 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT OR RECOMMENDATION BY THE STATE. FLORIDA REGISTRATION NUMBER IS CH1021.

THANK YOU FOR YOUR SUPPORT!