



## 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 58<sup>th</sup> 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!**