

# Pledge Form



*"A School Where Educating Is Our Number One Goal"*



## Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_.

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: \_\_\_\_\_

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

Signature(s)

Date

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

**New Life Academy of Excellence**  
**4725 River Green Parkway**  
**Duluth, GA 30096**