



Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City, State, Zip	
Telephone Number	
Email	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ other.

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:

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

Signature(s)
Date

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

The Lewiston Education Fund
c/o The Dingley Building
36 Oak Street
Lewiston, Maine 04240