

I/We pledge the total amount of \$ _____ to be paid at a rate of \$ _____ per year, for the next _____ years (maximum of 3 years).

My pledge will be paid by: Check Securities Monthly Automatic Debit Life Insurance Other

I wish to pay this pledge: Annually Semi-Annually In Full Monthly Other

I have enclosed \$ _____. (Please make check payable to NHCEF or North Hall Community Education Foundation, Inc.)



Optional:

In Memory Of: (name) _____

In Honor Of: (name) _____ (address) _____

My employer has a charitable matching program: Yes No Unsure

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Employer: _____

GIFT LEVELS:

Platinum Level \$10,000 and up

Gold Level\$3,000 - \$9,999

Silver Level \$1,000 - \$2,999

Bronze Level..... \$500 - \$999

Patron Level \$250 - \$499

Friends..... \$25 to \$249