



PLEDGE FORM—GIFT OF CASH OR SECURITIES

Name: _____

Address: _____

Please print name as it should appear in donor recognition publications:

*In support of Pine Lake Prep's mission and goals of providing the best educational opportunities to its students,
I/we make the following commitment to the Kaleidoscope Foundation:*

Option 1: \$_____ (one time pledge/gift) to be paid in full on or before _____

Option 2: \$_____ (total) to be paid \$_____ (yearly amount) per year for _____ (number) years

Payable as follows (choose one):

Annual payment of \$_____ beginning _____

Semi-annual payments of \$_____ beginning _____

Quarterly payments of \$_____ beginning _____

*Monthly payments of \$_____ beginning _____

**Monthly option is available to those who sign up for automated bank withdrawal.
Please complete the attached form and provide a voided check.*

My employer _____ has/may have a matching gifts program and I am interested in having them match my gift.

Required Signature: _____ Date: _____

Checks should be made payable: **Kaleidoscope Foundation**
P.O. Box 378
Mt. Mourne, NC 28123

*The donor has received no tangible goods or services in return for this contribution. All contributions are tax-deductible to the extent provided by law. Consult your tax professional for specific information. **Thank You!***



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing the Kaleidoscope Foundation to withdraw donations directly from the your bank account each month. **Please complete all three sections.**

SECTION 1: Designation of Gift

Payment of: \$ _____

Payable: ___ Monthly ___ Quarterly ___ Semi-Annual ___ Annually

SECTION 2: Authorization for Automatic Monthly Withdrawal

Start Date: (mm/yy) ____/____ (withdrawals will be made on or about the 15th day of each month)

Type of account: ___ Checking ___ Savings

Bank Name: _____

Routing # (9 Digits): _____

Account # (10 Digits): _____

Please attach a VOIDED check

SECTION 3: Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request the Kaleidoscope Foundation to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by Kaleidoscope Foundation to such account. It is understood that this agreement may be terminated by me at any time by written notification to the Kaleidoscope Foundation. Any such notification to the Kaleidoscope Foundation shall be effective only with respect to entries initiated by the Kaleidoscope Foundation after receipt of such notification and a reasonable opportunity to act on it.

Signature: _____

Date: _____

All contributions are tax-deductible to the extent provided by law. Consult your tax professional for specific information.

**Return, along with completed Pledge Form to:
Kaleidoscope Foundation
P.O. Box 378
Mt. Mourne, NC 28123**