

The Charter Foundation

Supporting the Sebastopol Charter School

ANNUAL GIVING PLEDGE FORM

For:

Parent(s) name and address(es):

Yes! We pledge our support to the Waldorf-inspired public education offered at Sebastopol Charter on behalf of (child's name): _____.

Our Pledge:

- Please accept our pledge of \$230/month x 12 months per student.
- Please accept our pledge of \$_____/month per student x _____ (# of) students = \$_____.
- Please accept our one-time pledge of \$_____.
- Check enclosed. Amount \$_____.

Please make checks payable to: Charter Foundation P.O. Box 1260, Sebastopol, CA 95473

- Electronic Funds Transfer (EFT) or Auto-Bill Pay to be arranged through our bank.
- Credit Card: Visa Master Card Discover

Card Number: _____ CVC Code: _____ Expiration Date: _____

Billing Address (if different from mailing): _____

Authorizing Signature: _____ Date: _____

Matching Contribution:

This pledge will be matched by: _____

Thank you for supporting your school!