



Perkiomen School

You have an extraordinary opportunity to enlarge the lives of our students, ultimately enriching their future academic, professional and family lives. Thank you for your support of Perkiomen School.

Pledge Details

To support the Perkiomen School, I/we pledge the sum of \$_____ for the purpose of:

Perkiomen Fund Campaign Other _____

Length of Pledge

My/our pledge is a one-time gift.

I/we will fulfill this pledge in _____ installments over a period of _____ years.

Payment Options

Check or Cash

Credit Card

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____ CVR: _____ Billing Postal Code: _____

Wire Transfer to the Perkiomen School Bank

The Quakertown National Bank
320 West Broad Street, PO Box 9005
Quakertown, PA 18951-9005

Accounting Number: 21-002-95
ABA Routing Number: 031907790

Donor Information

Name(s): _____

E-mail: _____ Cell Phone: _____

Signature: _____ Date: _____

Please sign and return this agreement to the Perkiomen School via email to development@perkiomen.org.