SEASIDE SCHOOL FOUNDATION

The Seaside School Foundation, Inc. Gift/Pledge Commitment Form

I (we) hereby agree to make a gift/pledge to The Seaside School Foundation, Inc. ("Foundation") in the amount of $_____ to support The Seaside School, Inc ("School").

I (we) agree to allow the Foundation Board of Directors to allocate funds based on the Foundation Gift and Pledge Acceptance Policy and the needs of the Foundation to further its purpose of supporting the School.

I (we) understand this pledge must be fulfilled within five (5) years, is a legally binding agreement with the Foundation, is non-refundable, and will be paid as follows (choose one):

☐ Full amount enclosed in a single payment.

☐ Yearly ☐ Quarterly payments of $ _____ beginning on _____

☐ Monthly payments of $ _____ beginning on _____

☐ Other Payment Arrangements: _____

☐ Mail me pledge reminders. ☐ E-mail me pledge reminders.

Payment Options

☐ I will pay by check. (Payable to The Seaside School Foundation, Inc.) Please send me reminder notices.

☐ I authorize the Foundation to charge my payments to this credit card:

Visa Mastercard AMEX Discover

Card #_____ Exp: _____ CVV#: _____

☐ Gift of stock ☐ Gift of digital currency

☐ Gift from the following donor-advised fund: _____

☐ My company will match my contributions. My matching gift form is enclosed or forthcoming.

Recognition

Recognition: Please print name(s) EXACTLY as you wish it to appear for recognition:

_____

☐ My gift is in memory of: _____

☐ My gift is in honor of: _____

☐ I wish to remain anonymous. (please complete information below for our records)

Donor Information

Name: _____ Company (if applicable): _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Thank you! Please return pledge form to:

The Seaside School Foundation, Inc.
PO Box 4825
Santa Rosa Beach, Florida 32459

Or email your pledge form to: Teresa@seasideschoolfoundation.org