



EXCELLENCE ANNUAL FUND PLEDGE FORM

As a member of the EA Community, I would like to support the Excellence Annual Fund.

Amount pledged: _____ Date: _____

Name _____

First

Last

Name according to NIT _____

(For tax donation receipt)

DUI or Passport Number _____ NIT number _____

Email _____ Cell Phone _____

I'd like to make my donation:

OPTION 1 Online www.amschool.edu.sv/giving

OPTION 2 Monthly installments with Credit / Debit Card Visa Master Card AMEX

• Beginning date: _____

• Ending date: _____ *(Before June 30th)*

• Installments: \$ _____

Name on Credit Card _____

Credit Card Number _____ Bank _____

Expiration Date _____ Verification code _____

OPTION 3 Payment booklet *(NPE)*

FOR EMPLOYEES ONLY

OPTION 4 Salary discount

• Total amount: _____

• Months for deduction: _____

DISCLAIMER: Escuela Americana is under the obligation of complying with the Law Against Money and Assets Laundering, for which it must request information from its donors. I agree to provide Escuela Americana with all the information and documentation required by this Law.

GIVING CIRCLES

**TROJAN
PARTNERS**

UP TO \$250

**TROJAN
CIRCLE**

\$251 - \$500

**AMATE
CIRCLE**

\$501 - \$1000

**MAQUILISHUAT
CIRCLE**

\$1001 - \$2500

**LEGACY
CIRCLE**

\$2501 - \$5000

Signature _____

Yes, I would like my name included in the Annual Report.

Name listed: _____

Amount disclosed: Yes No

Thank you for your gift!

For more information, please contact the
Development Office:

developmentoffice@amschool.edu.sv • (503) 2528-8216