



ANNUAL CAMPAIGN

Support AMSA

PLEDGE FORM

Name(s) _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Preferred method of contact _____

____ I/We prefer that our gift be allocated to general support of the Annual Campaign.

My contribution of \$ _____

is enclosed

will be paid in monthly installments

will be paid in installments on the following dates*:

__/__/2024 __/__/2025 __/__/2026

I will fulfill my pledge on the following schedule:

My Company will match my gift: _____

I/We would like to remain anonymous

** Reminders will be sent automatically for pledges in advance of each installment.*

Help sustain the unique qualities of an AMSA education and have a vital impact on the life of a student.

Contact Marcy Eckel, Director of Development, at meckel@amsacs.org or visit www.amsacs.org/future.

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