



ATLANTA SPEECH SCHOOL

Leave a Literacy Legacy

Gift Agreement

Name (s) _____

(as you wish to appear in our annual listing of donors – for example – Mr. and Mrs. John Doe or Sarah and John Doe)

I/We wish to remain anonymous for the purposes of our annual listing of donors.

Address _____

City _____ State _____ Zip _____

Email _____ Mobile _____

In keeping with the strategic vision for the Atlanta Speech School, I/we would like to make the following endowment pledge. This pledge is separate from the Annual Fund and other areas of giving to the Speech School.

Endowment Funds:

\$ _____ **Speech School Staff Endowment Fund***** Established in 2024 for the use as a general fund for gifts of all sizes for teacher and staff support to include salaries, professional development, employee health and wellness, and other staff needs.

\$ _____ Financial Aid

\$ _____ General (Unrestricted)

\$ _____ **Total Endowment Pledge**

\$ _____ Matching Gift Portion

Matched by _____

\$ _____ **Grand total** (for which donor is credited for giving levels and publications)

- I/We have made provisions for the Speech School in my/our will(s) or estate plan(s) and would like to complete a pledge form to join The 1938 Circle.
- I/We would like to know how to make a legacy/planned gift to the Speech School.

*** Current strategic priority

Gift Agreement (cont'd)

Name of Endowment Fund (if applicable)

The minimum for establishing a separate named endowment fund for a specific purpose is \$100,000 and \$50,000 for a named fund (payable over one to five years). To speak to someone about naming an endowment fund or for additional information please contact Ginny Hobbs in the Development Office at 404-233-5332 ext. 3036.

Purpose of Fund (if applicable)

Personal Payment Schedule

See below suggested schedule in helping both you and the Speech School maintain an estimate of how you would like to fulfill your pledge. All pledges may be payable over 1-5 years. Please state a specific start date including amount and month:

PAYMENT #1 \$ _____ ON ___/___/___ PAYMENT #2 \$ _____ ON ___/___/___
PAYMENT #3 \$ _____ ON ___/___/___ PAYMENT #4 \$ _____ ON ___/___/___
PAYMENT #5 \$ _____ ON ___/___/___

The annual spendable income is capped at 4% of the available principal. Principal is calculated annually, based on a five-year historical rolling average.

____ (Initial) I understand that the named fund is on the condition that the Speech School has received 60% of the agreed upon commitment.

____ (Initial) I understand that with a gift of \$100,000 or greater, the School will send me an annual update on the value and use of my fund.

____ (Initial) I understand that should the occasion arise, the Speech School has the right to redesignate the endowment should the original purpose of the endowment no longer be deemed necessary.

While I/we plan to make gifts as described above, I/we reserve the right to adjust such payment dates to consider personal financial circumstances, to maximize the value of assets contributed, and minimize any liabilities. While the actual timing may vary somewhat from what I/we plan to do, I/we do pledge to make this gift in its entirety, because we understand that the Speech School is relying on this commitment to fund strategic initiatives.

Donor Signature _____ Date _____

Print Name _____

Donor Signature _____ Date _____

Print Name _____

Please return this form to:
Atlanta Speech School
3160 Northside Parkway
Atlanta, GA 30327

Atten: Ginny Hobbs, Legacy and Leadership Giving