AMSA
ADVANCED MATH & SCIENCE ACADEMY
INTEGRITY • EXCELLENCE • COMMUNITY

BUSINESS PARTNERS PROGRAM

Join Us!



AMSA Business Partners enjoy the exclusive benefit of having our school promote your business to our community.

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 quarterly installments

❒ will be paid on the following dates*:

_____

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

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