



THE SUMMIT SCHOOL

*Serving Bright Students with Learning Differences:
Building Confidence, Achieving Success.*

The Campaign for Summit Pledge Form / Letter of Intent

Name(s):					
Address:					
City:		State:		Zip:	
Phone:			E-mail:		

PLEDGE DETAILS

I/ We wish to support The Campaign for Summit with a total capital commitment of \$ _____.

A down payment of \$_____ is included.

<i>SchoolYear</i>	2025-2026	2026 – 2027	2027 – 2028	2028 – 2029	2029 – 2030
Capital Gift Amount Per Year					
Annual Fund Gift Amount Per Year					

Please print your name(s) below as you prefer to be recognized for publication or naming purposes:

Please write "Anonymous" if you do not wish to be included in any announcements or donor listings.

Printed Name: _____

Signature: _____ Date: _____

PAYMENT OPTIONS (select one) CHECK INCLUDED WITH PLEDGE: YES/NO

Check Payments beginning (mm/yy) _____ Annually Semi-Annually

Stock transfer, planned giving, or matching gift (The Campaign Office will contact you).

Credit/ Debit Payments (The Campaign Office will contact you).

Thank you for your commitment to The Summit School. Payments are tax deductible to the extent allowed by law. Pledge reminders will be sent annually unless otherwise specified. Please mail completed pledge form to:

The Summit School, 664 East Central Avenue, Edgewater, MD 21037