WEST CHESTER AREA EDUCATION FOUNDATION

HELP MAKE THE CONNECTION FOR OUR STUDENTS BY JOINING US TODAY!

WCAEF Pledge Form

Please make your check payable to **WCAEF** and mail to:
WCAEF 782 Springdale Drive, Exton, PA 19341

NAME: _____

COMPANY: _____

ADDRESS: _____

_____

PHONE: _____

EMAIL: _____

WCASD alumnus/graduation year: _____

High School: _____

☐ Our company will designate the Foundation for EITC funding.

☐ I am able to provide an internship for a student.

☐ I am willing to work with a co-op student.

ENCLOSED IS MY GIFT OF: _____

Please designate my gift as follows:

☐ In memory of _____

☐ In honor of _____

☐ In appreciation of _____

In recognizing this gift, the contributor may be acknowledged in a number of ways, including but not limited to, having the contributor's name appear in print. If you do not wish for your name to be published for public view, please initial here. ____

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