

Angel Pledge Form

Contact Information

Angel Name:	Address:
Organization:	
Email:	Cell Phone:
Yes! I wish to be an Angel \$2,000	and support a student.
☐ Other \$	Every \$2,000 supports one student for the
 ☐ Preference for correspondence from stude ☐ Email - Please provide email address: ☐ U.S. Mail ☐ Do not send correspondence 	
Specify School/Academy to Support (optional):

Dear Angel,

Shank you for helping
me attend school this year.

Being able to attend my
school means that I can
continue learning with the



Payment Information

,	
Yes! I'd like to set up a ☐ Monthly ☐ Quar OR: ☐ Please call me to	
□ Enclosed is my check payment of \$ □ I will be sending my tax-free IRA disbursement. □ I wish to pay by credit card: □ Visa □ MasterCard □ A	
Card Number	Expiration Date
Name on Card	Date
We will deduct all pledge credit card payments using our secure online system; and we will send	
Make all checks out to: E	itures in Education

thank you Angels!

Make all checks out to: **Futures in Education.**

My company matches gifts. Please see my enclosed matching gift form.

Scan code to pay online!

If you have any questions, please contact our Development Office at 718.965.7308 or at info@futuresineducation.org

