



The Neighborhood Academy

709 N. Aiken Avenue | Pittsburgh, PA 15206 | (412) 362-2001 (tel) | (412) 362-2004 (fax) | www.theneighborhoodacademy.org

Date: _____

Pledge Form

I/We are pleased to pledge a total sum of \$_____ to support The Neighborhood Academy's operating expenses.

Signature: _____

Name: _____

Please list your name as you would like it to be recorded and recognized by The Neighborhood Academy.

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Solicited by: _____

This commitment will be made as follows:

Year One: _____ Amount: \$_____ Due on: _____

Year Two: _____ Amount: \$_____ Due on: _____

Year Three: _____ Amount: \$_____ Due on: _____

Do you want yearly pledge reminders?

Does your employer match gifts?

Optional

This gift is: (circle)

In honor of

In memory of

Please notify the following person(s) of this gift:

Name: _____

Address: _____
