The Education Fund Pledge/Donation Form

Please fill out the form and fax to our private office fax:305-558-4964 or mail to: The Education Fund, 6713 Main Street., Suite 240, Miami Lakes, FL 33014



Donor Name:					
Purpose of Gift:					
Contact Information: Prefix : First Name (Mr., Ms., Dr., etc.) Address Line 1:					Suffix: Ph.D., Ed.D, Jr., etc)
Address Line 2:					
City:					
Work Phone:	Fax:		_ E-mail Address:	·	
Please tell us how you w	vould prefer to I	be listed in Ed	ucation Fund Pub	lications:	
Pledge or Donation A	mount (circle &	fill in):			
Check here if this is a or If recurring, choose one (or □ Quarterly for 1 year □ Monthly for 12 months □ Other Time Period	credit/debit accou	unts will be auto Monthly for Indefinitely	omatically deducted r 3 months Monthly	d as specified): ☐ Monthly	for 6 months
Payment Method:	☐ Check made	payable to The	e Education Fund	OR	
□ Master Card Card #			☐ Ame		Oate:/
Billing Address:			City:	State: _	Zip Code:
Check here if you are an	M-DCPS Teach	ner: 🗆 Chec	k here if you are a	n M-DCPS Prin	cipal: □
Check here if you wish t	o remain anony	rmous: □ Doe	es your employer	have a matchir	ng gifts program: □
Employer Information (fe	or matching gift	ts information)			
Employer:			Title:		
Address Line 1:				·	
Address Line 2:					
City:	State: _	Zip Code _	Phor	ne:	
Comments:					
Signature of Donor			Da	ite	
The Education Fund publi	shes the names	of our donors in	n various publicatio	ns throughout th	ne year.

Thank you for your gift! We appreciate your support of our mission. The Education Fund respects the privacy of our donors and does not sell or share donor information with other organizations. For further information, please

☐ Check here if you DO NOT wish to be included in our donor listings.

contact Mimi Pink at 305-558-4544, ext. 116 or mpink@educationfund.org.