

PIONEER TOMORROW

Yes! I pledge my support to design a better world...

Name _____

(Please note we will recognize your gift by the name listed here unless you indicate otherwise.)

Address _____

City/State/ZIP _____ Phone _____

Signature _____

PLEDGE AMOUNT (payable by December 31, 2020): \$ - _____

To be fulfilled in payments of \$ _____ beginning on _____

Annually

Monthly

Quarterly

Other: _____

PAYMENT METHOD:

Amount enclosed: \$ _____

Please charge my credit/debit card in the amount of \$ _____

Card Holder Name: _____

Card Type (circle one): AMEX DISCOVER MASTERCARD VISA

Card number: _____ Expiration: _____ Security Code: _____

My gift will be in the form of stock or an appreciated asset

My gift will be matched by my employer (note company's name): _____

ANNUAL SUPPORT:

Yes! I will also give to this year's Mount Vernon Fund and pledge this amount: \$ _____

Return pledge card to: Office of Philanthropy Mount Vernon Presbyterian School 471 Mt. Vernon Highway, NE
Atlanta, GA 30328

OR

Major Gifts Officer, Maria Suszynski, msuszynski@mountvernon.school.org

