

# Pledge Form



## Horizons K-8

Our mission is to guide K-8 students to become self-directed learners and community contributors in a respectful and caring learning environment.

### Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  date\_\_\_\_\_  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  check  credit card  stock/equities.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to:

Horizons K-8  
4545 Sioux Dr.  
Boulder, CO 80303