



REALIZE OUR VISION: A CAMPAIGN FOR MILLENNIUM

Please complete this form and return it to Millennium in person, by mail, or email it to swachs@millenniumschoool.org

Name of Donor(s): _____ Date: _____

This pledge statement confirms my/our commitment to make a gift in the amount of \$_____.

My company, _____, will make a matching gift of \$_____.

for a total commitment of \$_____ to the Capital Campaign.

PAYMENT SCHEDULE

I/We will make payments: One-time Monthly Quarterly Annually in the amount of \$_____.

My/Our first pledge payment will be made on _____/_____/_____ (day/month/year)

Note: All pledges to be fulfilled by June 30, 2027.

PAYMENT TYPE

My/Our gift(s) will be in the form of a check stock a donor-advised fund a credit card
For checks, please make out to Millennium School, and in the memo line indicate "Capital Campaign."

For credit card payments, please fill out the information below

Visa Mastercard Amex Discover

Name on card: _____

Card number: _____

Expiration date: _____ Security code: _____

Billing address: _____ City _____

State _____ Zip _____

DONOR RECOGNITION

I/We wish to be acknowledged as _____

I/We wish to remain anonymous

Signature

Signature

*Millennium School is a non-profit, 501(c)(3) corporation.
For tax purposes, our tax identification number is 47-4425653.*