

BROOKFIELD ACADEMY

Soar with the Stars...A Stellar Opportunity

PLEDGE CONFIRMATION FORM

I/We agree to support the Brookfield Academy Capital Campaign

with a gift in the amount of (or valued at) \$ _____

\$ _____ *is paid herewith and the balance of \$* _____

is payable over _____ *1* _____ *2* _____ *3* *or* _____ *other tax years (please specify),*

beginning in _____ *year, and payable* _____ *monthly, _____ quarterly, _____ semi-annually, _____ annually.*

I/We would like to be reminded about pledge payments by _____ *note* _____ *e-mail.*

I/We would like my/our name to be listed in the following manner:

I/We would like information about dedication opportunities.

I/We would like to remain anonymous.

Name: _____

Address: _____

Phone: _____ *E-mail:* _____

Signature(s): _____ *Date:* _____

Thank you for your generous support.

For additional information, please contact: Larry Pesch, Director of Development, larry.pesch@brookfieldacademy.org

Brookfield Academy / 3460 North Brookfield Road, Brookfield, WI 53045 / phone 262-783-3200

