

Pledge Form



LITTLE COMPTON EDUCATION FOUNDATION
Enhancing educational experiences of Little Compton public school students and building community support for quality education. Exempt under section 501 (c) (3) of IRS Code.

Donor Information

Name	_____
Billing address	_____
City/State/ZIP Code	_____
Telephone (home)	_____
Telephone (business)	_____
E-Mail	_____

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:
____ cash ____ check ____ United Way Designation ____ other.

I would like my gift to be used for the following enrichment area(s):	<input type="checkbox"/> LITERACY	<input type="checkbox"/> HEALTH AND WELLNESS
	<input type="checkbox"/> TECHNOLOGY	<input type="checkbox"/> LCEF ENDOWMENT
	<input type="checkbox"/> MATH AND SCIENCE	<input type="checkbox"/> LCEF GENERAL FUND
	<input type="checkbox"/> MUSIC AND THE ARTS	<input type="checkbox"/> OTHER (please specify)
This gift is in memory of:	_____	

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:

LITTLE COMPTON EDUCATION FOUNDATION
P.O. Box 1010
Little Compton, RI 02837

For more information, contact Carolyn Sedgwick (401) 635-2569