

THETA MU LAMBDA CHARITABLE FOUNDATION
DONOR PLEDGE FORM

Donor Name(s):			
Address:			
City & State:		Zip Code:	
E-mail Address:		Cell Phone Number:	

Amount of Total Pledge Commitment:			
Check All that Apply:			
(#1)	<input type="checkbox"/>	Named Scholarship (\$1,000+) <small>(The scholarship will be awarded in the name of your choosing)</small>	\$ _____
(#2)	<input type="checkbox"/>	Scholarship Fund <small>(Total scholarship pledge is below \$1,000)</small>	\$ _____
(#3)	<input type="checkbox"/>	General Operating Costs <small>(Website, Accounting, Other admin. costs)</small>	\$ _____
(#4)	<input type="checkbox"/>	Community Outreach Programs	\$ _____
(#5)	<input type="checkbox"/>	Education Programs: <small>(Leaders for Tomorrow, LDI, Mock Trial, Tutoring, etc...)</small>	\$ _____
(#6)	<input type="checkbox"/>	Other Programs: <small>(Please describe below)</small>	\$ _____
Notes/Instructions/Other:			

PAYMENT INSTRUCTIONS (Please initial and complete the fields)	
_____ I will pay the entire pledge at one time during the month of _____, _____.	<small>(Please send me an invoice one month prior)</small>
_____ Invoice me in monthly installments of \$ _____, starting the on the following date: _____,	
_____ My check is attached - Payable to Theta Mu Lambda Charitable Foundation. (TMLCF)	
_____ My payment will be submitted through the TMLCF Paypal account.	
_____ My payment will be submitted by Credit Card through the TMLCF website.	(Treasurer@tmlfc.com)

By signing below, I / we are committing to the above mentioned donation / pledge to Theta Mu Lambda Charitable Foundation.

Signature: _____

Date: _____

THANK YOU FOR YOUR SUPPORT!