

Broad Ripple High School Scholarship Foundation INC.



2024 Donation Pledge Form

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: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other:

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

form enclosed form will be forwarded to: Info@brhsscholarshiofund.org

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:

Payable via our website:
www.brhsscholarshipfund.org
(PayPal Button)

**Broad Ripple High School Scholarship
Foundation INC.**

P. O. Box 55994

Indianapolis, IN 46205-0094

Tax exempt receipt upon donation