



ACCESS College Foundation Pledge Card

_____ Name	_____ Pledge Date
_____ Address	_____ Total Pledge
_____ City, State, Zip	_____ Paid Herewith

To assist the ACCESS College Foundation, I/we hereby pledge the sum of _____ within ___ year(s), by the year _____ as indicated below.

I understand that my/our pledge will be used to help ACCESS College Foundation provide critical college information to help local students attain their dream of going to college, unless designated otherwise.

Signature

Date

Payment Information

Please arrange my/our payments as follows:

Payable on/before _____	\$ _____
Payable on/before _____	\$ _____
Payable on/before _____	\$ _____
Payable on/before _____	\$ _____
Payable on/before _____	\$ _____

Total of pledge payments: \$ _____

Reminders will be sent to you per the information given above.

Thank you for your support of ACCESS!