**Individual Pledge Card**

Please select your level of giving and mail your pledge to the address listed below.

**Level of Giving**

I will pledge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will meet my obligation with (check enclosed).

\_\_\_\_\_\_\_\_ $100-$249 Honor Roll

\_\_\_\_\_\_\_\_ $250-$349 Salutatorian

\_\_\_\_\_\_\_\_ $350-$499 Valedictorian

\_\_\_\_\_\_\_\_ $500-$999 Magna Cum Laude

\_\_\_\_\_\_\_\_ $1,000+ Summa Cum Laude

\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_ Merit Roll

Please select the appropriate option:

* Total Pledge Amount
* Quarterly
* Semi-Annually
* Annually
* Annually for \_\_\_\_\_\_\_\_\_ years

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to: Tri-Village School Foundation Fund