



The Academy Foundation

Advancing career and technical education in the Juniata Valley

Contribution and Pledge Form

I wish to make a gift to support the Academy Foundation, an effort to promote and support career and technical education at the Mifflin County Academy of Science and Technology in the amount of \$ _____.

Name

Signature/Date

Billing Address

City, State, ZIP

Phone

Email Address

Please check all that apply:

- My one-time payment is enclosed. Please make checks payable to: The Academy Foundation
- I would like to make a **one-time** credit card payment.
- I would like to make a **recurring monthly** gift. *By checking this box, I am authorizing The Academy Foundation to charge my credit card in installments until the end of my commitment.*

Monthly charge of \$ _____ for _____ months starting on _____ and ending on _____.

Credit Card Information

- Amex Discover Mastercard Visa

Credit Card Number

Exp. Date

CVV Code

- Please **bill me**. Invoicing options:
 __ One time payment __ Quarterly __ Monthly
- Please contact me to discuss other giving options and/or possible naming opportunities.
- The following is the manner in which the company name is authorized to appear on any campaign recognition:

- I grant permission to use my commitment to encourage others to do likewise and/or to match any challenge gifts.
- Please consider this an anonymous contribution.

**Questions should be directed to The Academy Foundation at 717-248-3933 or mm39@mcsdk12.org
Remit to: The Academy Foundation, 700 Pitt St, Lewistown, PA 17044**