

Donation Pledge Form

Cascade Public Schools



Through collective efforts of our community and school, we strive to be an innovative educational system committed to excellence and focused on developing responsible citizens.

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 _____

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:

Cascade Public Schools
321 Central West
Cascade, MT 59421