

Pledge Commitment Form

I/We will contribute a total of:			
Amount: \$			
Payable over	_ years (See Sc	hedule on Pa	ge 2)
Name(s):			_
Address:			
Home Phone:			
Cell Phone:			
E-mail:			
Signed:		Date	»:
Signed:		Date	::
(If this commitment is from more than o	one family mem	iber, please ir	nclude all signatures.)
BART may publicly acknowledge this c	ommitment:	□Yes	□No
BART may list me (us) in BART public	ations:	□Yes*	□No
*Listing will display your first name & s Smith; Mary Smith, MD and John Smith	1	,	
Please indicate if you would like to be li	sted differently	<i>r</i> :	



Pledge Fulfillment Information

Your pledge commitment allows BART to plan our academic program to meet our students' needs. Pledge payments are carried as receivables on BART's books. Event donations and other miscellaneous gifts are not credited to the pledge balance. Please be advised that a pledge balance statement will be sent twice each year.

Amount

I/We would like to establish the following pledge payment schedule:

Date

	\$			
	\$			
	\$			
	\$			
	\$			
Total	\$			
I/We anticipate fulfilling my/our commitment using the following gift method(s): □Cash/Check □Credit Card □Appreciated Securities*				
If you would like to have a recurring charge on your credit card, please provide the following information:				
Charge Amount: \$				
Credit Card Type: □Visa □Mast	ter Card			
Credit Card Number:	Exp Date:			
Frequency:	terly Beginning on/			
□2X/Year/	□1X/Year			
Name as it appears on credit card:				
Signature:	Date:			

*If you plan on fulfilling your pledge using appreciated securities, please contact Marti Mellor at

413-743-7311 x126 or Martha.mellor@bartcharter.org