

Pledge Commitment Form

I/We will contribute a total of:

Amount: \$ _____

Payable over _____ years (See Schedule on Page 2)

Name(s): _____

Address:

Home Phone:

Cell Phone:

E-mail:

Signed: _____ Date: _____

Signed: _____ Date: _____

(If this commitment is from more than one family member, please include all signatures.)

BArT may publicly acknowledge this commitment: Yes No

BArT may list me (us) in BART publications: Yes* No

*Listing will display your first name & spouse first name, and last name. Ex: Joan and John Smith; Mary Smith, MD and John Smith, PhD; Marilyn Jones and Kenneth Lincoln.

Please indicate if you would like to be listed differently: _____

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.

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

Date	Amount
	\$
	\$
	\$
	\$
	\$
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 Master Card

Credit Card Number:

Exp Date:

Frequency: Monthly Quarterly 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