PODIUM PROJECT

RAISING THE BAR AT SUGARLOAF

In support of the Podium Project campaign, I/we pledge a total of $_____

I/we will make my/our gift in one payment by (month/year): _____

I/we agree to make payments on a(n) ☐ annual, ☐ semi-annual basis, beginning

(month/year) _____, and extending over ☐ one year ☐ two years.

*** Pledges may be paid semi-annually or annually and may extend for a period of up to two years from the pledge date.*

Printed name:

_____

Signature:

_____

Date: _____

Initial Payment *(if applicable)*: $ _____ Remaining Balance: $ _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____Email: _____

☐ **I/we wish this gift to remain anonymous**

How would you like your name to appear on a donor plaque or other applicable publication?

_____

Please make checks payable to "Carrabassett Valley Academy."

All contributions are tax-deductible to the extent provided for by law. Thank you for your support!