



# ENDOWMENT FOR EXCELLENCE

Columbus High School Alumni Association, Inc.

## Endowment for Excellence

### Campaign Pledge Form (2072 - 226)

**Yes, I want to support the campaign for Columbus High School Alumni Association.**

**Individual Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pledge Terms:**

Total Pledge Amount: \_\_\_\_\_

Pledge Duration (circle one): 1 2 3 4 5 6 7 years

Pledge Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please Bill Me (circle one): Annually Semi-Annually Quarterly Monthly

Amount Enclosed: \_\_\_\_\_

- Check made payable to CHS Endowment for Excellence
- Debit my bank account
- Charge my credit card
- American Express    Discover    Master Card    Visa

**Credit Card Information:**

Card Number: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Check Information:**

Name On Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recurring Payment:**

Would you like to make this a recurring payment? Yes No  
Process on the \_\_\_\_ day of the month according to the pledge payment schedule indicated above.

**Please mail the completed form to:**

Endowment for Excellence (2072 - 226)  
OmegaFi  
P.O. Box 2187  
Columbus, GA 31902