

## Pledge Form

Donor Information (pleas	se print or type)	
Name		
Billing address  City, ST Zip		
Email		
Pledge Information When alumni pledge \$20,000 (the Legacy Fund, they join the Alumni	e current value of the Coca-Cola Scholars Program scholarship) to the Legacy Circle.	
I (we) pledge a total of \$ complete by 20	to be paid: □ now □ monthly □ quarterly □ yearly and	
I (we) plan to make this contributio	on in the form of: $\square$ cash $\square$ check $\square$ credit card $\square$ other.	
Credit card type  Exp. date		
Credit card number		
Authorized signature		
Gift will be matched by (company	/family/foundation)	
$\square$ form enclosed $\square$ form will be f	orwarded	
Acknowledgement Inforr	nation	
Please use the following name(s) i	n all acknowledgements:	
☐ I (we) wish to have our gift rem	ain anonymous.	
Signature(s)	Date	
Planca malza chaelze, carnorata ma	atabas or other sifts payable to	

Please make checks, corporate matches, or other gifts payable to:

Coca-Cola Scholars Foundation PO Box 442 Atlanta, GA 30301