

Student Name: \_\_\_\_\_



ROSCOMARE ROAD ELEMENTARY  
FUNDRAISER PLEDGE FORM

Room No.: \_\_\_\_\_

Number of Words Spelled Correctly: \_\_\_\_\_

SPONSOR INFORMATION	PAYMENT TYPE		DONATION TYPE		PAYMENT INFORMATION		
	PAYMENT BY CREDIT CARD* <small>*\$10.00 MINIMUM FOR CREDIT CARD PAYMENTS</small>	PAYMENT BY CHECK	FLAT DONATION	Per Word Pledge (MIN \$1 PER WORD)	Total Prepaid	Total Due	Total Paid
NAME: _____ ADDRESS: _____ _____ ZIP: _____ PHONE or E-MAIL: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD ACCOUNT NUMBER: _____ _____ EXP. DATE: ___/___/___ SECURITY CODE: _____	CHECK No.: _____ _____ CHECK AMOUNT: \$ _____ \$ _____		\$ _____ Per Word			
NAME: _____ ADDRESS: _____ _____ ZIP: _____ PHONE or E-MAIL: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD ACCOUNT NUMBER: _____ _____ EXP. DATE: ___/___/___ SECURITY CODE: _____	CHECK No.: _____ _____ CHECK AMOUNT: \$ _____ \$ _____		\$ _____ Per Word			
NAME: _____ ADDRESS: _____ _____ ZIP: _____ PHONE or E-MAIL: _____	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD ACCOUNT NUMBER: _____ _____ EXP. DATE: ___/___/___ SECURITY CODE: _____	CHECK No.: _____ _____ CHECK AMOUNT: \$ _____ \$ _____		\$ _____ Per Word			
DO YOU HAVE MORE SPONSORS? ADDITIONAL PLEDGE FORMS ARE IN THE SCHOOL OFFICE. PLACE CREDIT CARD INFORMATION AND/OR CHECKS TOGETHER WITH STUDENT'S COMPLETED PLEDGE FORM IN THE ATTACHED ENVELOPE AND RETURNED TO THE CLASSROOM					SUBTOTAL		
<b>Total Amount Due</b> is calculated on Spell-a-Thon Day					AMOUNT PAID		
					AMOUNT DUE		

PLEDGE FORMS DUE BY: 01-19-2017

PAYMENTS DUE NO LATER THAN: 02-03-2017