

Student Name: _____



ROSCOMARE ROAD ELEMENTARY
FUNDRAISER PLEDGE FORM JANUARY 25th, 2019

Room No.: _____

Number of Words Spelled Correctly: _____

SPONSOR INFORMATION	PAYMENT TYPE		DONATION TYPE		PAYMENT INFORMATION		
	PAYMENT BY CREDIT CARD* *\$10.00 MINIMUM FOR CREDIT CARD PAYMENTS	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		
Total Amount Due is calculated on Spell-a-Thon Day					AMOUNT PAID		
					AMOUNT DUE		

PLEDGE FORMS DUE BY: 01-24-19

PAYMENTS DUE NO LATER THAN: 02-8-19