

**Santa Barbara School of Squash**

1530 Chapala Street, Suite F

Santa Barbara, CA 93101

Phone: (805) 316-0720

E-Mail: Robert@SBSOS.org

Tax ID: 20-4496216

##

**SANTA BARBARA SCHOOL OF SQUASH OFFICIAL PLEDGE FORM – please fully complete**

You are asked to fill out this Pledge Form to officially designate your tax-deductible gift to the Santa Barbara School of Squash. This is done in accordance with our uniform accounting procedures.

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORT LEVELS:**

**Angel $25,000+ Friend $2,500+**

**Benefactor $10,000+ Partner $1,000+**

**Patron $6,000+ Supporter $500+**

*(supports 1 student for 1 year)* **Donor any to $499**

We/I hereby pledge our/my gift of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid in full by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month/day/year), or in installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ over a period of \_\_\_\_\_\_\_\_\_\_ years

 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/day) each year starting this year.

**or**

1) Enclosed is my check payable to the Santa Barbara School of Squash \_\_\_\_\_\_\_\_\_\_\_ (preferred).

or

2) Charge my credit card: \_\_\_VISA \_\_\_MC \_\_\_AMERICAN EXPRESS \_\_\_DISCOVER

Name on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_ Sec. code\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_