



Providing private support for public school excellence.

## Donation Pledge Form

### Statement of Intent

I/We hereby indicate my/our intention to join others in support of Metro Nashville Public Schools through a gift or pledge to the Nashville Alliance for Public Education.

My/Our commitment of \$ \_\_\_\_\_ is enclosed or to be paid \_\_\_\_\_.

I/We would like to make a multi-year commitment totaling \$ \_\_\_\_\_ payable over \_\_\_\_\_ years.

I would like a reminder sent on \_\_\_\_\_.

In addition, I expect my gift to be matched by \_\_\_\_\_.  
(name of business or company)

### Gift Designation

Please use my gift in the area most needed *or*

Please direct my gift to (*select one*):

- |                                 |  |   |  |                                      |
|---------------------------------|--|---|--|--------------------------------------|
| <input type="checkbox"/> Art    | <input type="checkbox"/> Math                      | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Restricted                | <input type="checkbox"/> Athletics   |
| <input type="checkbox"/> Music  | <input type="checkbox"/> Reading/Library Resources | <input type="checkbox"/> Science                  | <input type="checkbox"/> Unrestricted              | <input type="checkbox"/> Operational |
| <input type="checkbox"/> Debate | <input type="checkbox"/> Reading Recovery          | <input type="checkbox"/> Special Education        | <input type="checkbox"/> School Programs Specified |                                      |

***Please make check payable to the Nashville Alliance for Public Education.***

***For stock transfer information, please contact Pam Garrett at (615) 783-2810.***

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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