**SSDHHC Vector Logo.tif** CAPITAL CAMPAIGN PLEDGE

Letter of Intent

The Scranton School for Deaf and Hard of Hearing Children

1800 N. Washington Ave.

Scranton, PA 18509

Re: Tax-deductible gift to the Capital Campaign

In recognition of my/our belief in the mission of The Scranton School for Deaf and Hard of Hearing Children, I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby pledge and agree to pay the school the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ over the span of \_\_\_\_\_\_\_\_\_ years. This gift is unrestricted in nature and shall assist in meeting the needs of the students.

Donor(s) Name

*Payment schedule:*

An initial payment of $\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed. ***(Checks payable to: The Scranton School)***

Bill payments: □ monthly □ semi-annually □ annually

Amount of each payment: $\_\_\_\_\_\_\_\_\_\_

□ I/we would like for the payments, as stated above, to automatically be deducted from this credit card until the total pledge has been fulfilled:

□ Visa □ AMEX □ Mastercard

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*The following is the manner in which a name is authorized to appear on public campaign materials:*

Please print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or, list my gift: □ In Memory Of □ In Honor Of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Do not acknowledge this gift publicly. This gift must remain anonymous.

I/we will make every effort to honor this commitment; however, I/we reserve the right to modify this pledge, after informing The Scranton School, in the event of unforeseen circumstances.

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

Your name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Thank you for your kind support of our students. Without gifts like this we would not be able to offer the high-quality, superior services our students and families have come to expect!**