

ULMUS ACADEMY

Education rooted in independent reasoning,
virtue and knowledge, cultivating a
discerning, productive and independent
society, one child at a time.



Pledge Form

DONOR INFORMATION

Name: _____

Billing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

PLEDGE INFORMATION

I (we) pledge a total of \$ _____ to be paid ☐ Monthly ☐ Yearly ☐ One-time

I (we) plan to make this contribution in the form of: ☐ Cash ☐ Check ☐ Credit Card ☐ Other

☐ I will set up my recurring donation through my bank

☐ I will send a check once a month on this day _____

ACKNOWLEDGEMENT INFORMATION

Please use the following in all acknowledgements: _____

☐ I (we) wish to have our gift remain anonymous

Signature(s)

Date:

Please make checks or other gifts payable to: **Ulmu Academy**
3007 Lincoln Hill NE
Quincy, IL 62301