



It's not what to think.
It's how to think.

Annual Fund Pledge Form

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

By signing below, I/we are committing to the following donation/pledge to the Waldorf School of Philadelphia:

Amount: _____

Payment Instructions

I am fulfilling the entire pledge at this time.

I will pay the entire pledge on or before _____ (please send me an invoice two weeks prior).

I would like to be billed in installments of \$_____. Weekly Monthly

Confirmation

Signature _____

Date _____

Please email or mail your completed pledge form to:

Alexandra Borders, Director of Advancement and Enrollment
The Waldorf School of Philadelphia, 6000 Wayne Avenue, Philadelphia, PA 9144

bordersa@phillywaldorf.com

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