

In consideration of One City Schools, Inc. capital campaign, we are pleased to advise you of our pledge to One City Schools, Inc. with a gift of \$ _____

We intend to make this contribution over years (not to exceed three years). We have given an initial gift of \$_____, with future payments to be made on the following dates and amounts.

Amount:	Amount:	Amount:
Date:	Date:	Date:

While we understand that the amount of our gift will not be publicized externally without our permission, One City Schools, Inc. may publish our names among those of other campaign donors.

We and One City Schools, Inc. will reach a mutually satisfactory agreement as to the recognition of this gift.

Name							
Address							
City			Sta	ate	Zip	p	
Phone					En	nail	
	*You	will receive occasi	onal email updates fr	rom OCS. We w	will not sell, re	nt or exchange your email addre	SS
Signature:						Date:	
olonatarer							
		Please	OI 2 N Pł	ne City 9 2012 Fishe Aadison, W none: 608.	Schools er Street VI 53713 268.8004		
			Email: <u>WeA</u>	reOne@c	onecitysc	hools.org	
l would	like to	host an in-pers	son or virtual fu	ndraiser for	One City S	Schools.	
Please	use my	name in your e	endorsements.				
l would	like to	help in other w	vays, too. Please	e contact me	e directly.		