

## **180 DAYS OF IMPACT PLEDGE AGREEMENT**

Donor:			
Address:			
City:	State:	Zip:	Phone:
Email:	MHS Alumni Year:		
I,during the 2024-25 school ye		ontribute to the N	Morris Educational the sum of,
Gift/Pledge Amount:	\$	(Total t	to be paid)
	\$	(Amou	nt Enclosed)
	\$	(Remai	inder Pledged)
I wish to designate my gift	as follows:		
\$ for the Friends A	nnual Campaign		
\$ for Morristown O	nstage		
\$ for Salute to Tea	chers		
\$ for another initiat	ive		
Comments:			
Payment Schedule:			
<ul><li>I wish to have the donation</li></ul>	n spread over □1 □	2 □3 □4 □5 pa	ayments(s),beginning(month/year)
☐ Send me payment reminde	•	•	
□ Paid in full (attach paymen			•
Payment Method:			
	lorris Educational Fo	•	☐ Credit/Debit Card – I will make my payments online.
Donor Recognition:			
Donor/Company Name:			
Contact Person:	Ph	ione:	
Email:			
□ Prefer to remain anonymo	us/Do not publish m	y name	
			nd Administrative policies of the Morris Educational nd may be altered only in writing signed by the parties
Donor Signature:			Date:
Accepted by the Morris Educ	ational Foundation:		Date