

CAPITAL CAMPAIGN PLEDGE

Credit card payment

Visa / Mastercard / American Express / Discover (circle one)

Account # _____ Expiration date _____

Signature _____

Balance to be paid as follows:	Month	Year	Amount
	_____	20__	\$ _____
	_____	20__	\$ _____
	_____	20__	\$ _____
	_____	20__	\$ _____
	_____	20__	\$ _____

Your gift is tax deductible. (Payment schedules other than annual may be arranged.)

Please send reminders: Annually Semi-Annually Quarterly Monthly Other

Please indicate how names should be published or listed:

Please make checks payable to **The Weber School, Doris and Alex Weber Jewish Community High School.**

