Lone Jack Education Foundation Pledge Form

Return this form, completed and signed to:

Lone Jack Education Foundation

313 S. Bynum Road, Lone Jack, MO 64070

Telephone: (816) 868-2711; Fax: (816) 697-8869

E-mail: lonejackfoundation@gmail.com

Your gift qualifies as a tax-deductible charitable contribution.

First name	Lastname
Spouse's first name	_ Spouse's last name
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Email type (check one): □ Personal □ Business	
Address	
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Phone type (check one): □ Home □ Business □ C	ell
Affiliation (check all that apply): • Alumnus Faculty • Friend • Parent • Staff • S	Student
Type of gift (check one): New gift Payment on current pledge Gift designation (select one): Unrestricted giving Or Specifically for	
 Please charge my gift in the amount of \$ 	
□ Please charge my git in the amount of \$ □ VISA □ MasterCard □ Discover □ American	
Name on credit card	•
	Expiration / CVV
Credit card billing address	
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Signature	
	e able to increase your gift. Unsure? Ask your employer.
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$\hfill\square$ I have obtained the form from my company. $\hfill\square$ I	it is enclosed or \square I am sending it separately.
What motivated you to make your gift? (check all that apply)	
Friend D Mailing D Phonathon D Web site D Email D Faculty/staff D Publication	
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Please send memore informationabout (check a	ll that apply):
 making a gift through a charitable gift annuity 	how to include LJEF in my will or estate plans

□ making a gift to establish a scholarship □making a gift to establish a classroom grant