



# 2015-2016 Annual Close the Gap Fund Voluntary Commitment and Pledge Form

*One Per Family*

**Family Name:** \_\_\_\_\_

**Student Names:** \_\_\_\_\_

As my/our commitment to Journey, and to assist in the creation of an exemplary public Waldorf school, I/we are pleased to contribute to the Close the Gap (CTG) pledge program. I/We understand that participation is voluntary, non-refundable and tax-deductible as allowable by law.

My/Our child's enrollment and education will not be affected by my/our participation in this program nor does it constitute tuition. I/We also understand that Waldorf Education in the public sector is not possible without significant revenue from outside the per pupil State funding system. Journey School's percentage of family participation is key in grant consideration.

For questions about the pledge program, please contact Mr. Gavin Keller and for questions about processing payments, please contact Ms. Janet Gates. Both may be reached at 949-448-7232 or via e-mail at [janet@journeyschool.net](mailto:janet@journeyschool.net).

**PLEDGE AMOUNT:** My/Our pledge will be honored as follows and paid in full by June 30, 2016.

\_\_\_\_\_ \$10,000

\_\_\_\_\_ \$5,000

\_\_\_\_\_ \$2,500 (recommended donation per student)

\_\_\_\_\_ \$1,500

\_\_\_\_\_ Other: \$ \_\_\_\_\_ circle either *per month* or *per year* (Please consider your family's maximum giving ability. Any amount is appreciated & also helpful for obtaining grants)

**1. PAYMENT METHOD:** (Please select one payment method)

\_\_\_\_\_ One Annual Payment

\_\_\_\_\_ Two Equal Semi-Annual Payments (Paid by September 2015 and January 2016)

\_\_\_\_\_ Ten Equal Monthly Payments (September-June)

**3. PAYMENT INFORMATION:** (AUTO payments are preferred and save hours of staff time)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Circle one: Visa MC Amex Discover Name on card: \_\_\_\_\_

\_\_\_\_\_ eCheck (Attach a voided check. eCheck payments will be automatically processed.)

\_\_\_\_\_ Check (For annual & semi-annual contributions. Make checks payable to Journey School, write CTG in memo)

**4. ADDITIONAL PLEDGE/GIFT OPPORTUNITIES:**

\_\_\_\_\_ My Company may offer/offers a Matching Gift Program. Company Name \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only* Date Entered: \_\_\_\_\_ Reference # \_\_\_\_\_

NOTES: \_\_\_\_\_