



## The SEED School of Maryland Faculty & Staff Campaign

### Gift/Pledge Form

200 Font Hill Avenue  
Baltimore, Maryland 21223  
(410) 843-9477

**Personal Information:**  Please keep my contribution anonymous.

Ms.  Mr.  Mrs.  Other

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Gift:

I pledge \$\_\_\_\_\_ to The SEED School of MD through the Faculty & Staff Campaign.

Please allocate my gifts to:

\_\_\_\_\_ *Senior Class Valedictorian Scholarship Fund*

\_\_\_\_\_ *Student Emergency Needs Fund*

\_\_\_\_\_ *SEED MD Fund*

### Payment Method:

I am enclosing my check for payment with this pledge form.

Please charge my contribution on my credit card.

Type of credit card: Visa MasterCard American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitted by Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_