

# Pledge Form



THE  
**HAYFORD**  
Foundation  
FOR EDUCATION

The Hayford Foundation for Education

El Cajon Valley High School Support Program(s)

## Donor Information (please print or type)

Name

Billing address

City, ST Zip Code

Phone 1 | Phone 2

Fax | Email

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date

Credit card number

Authorized signature

Gift is to support (check all that apply): \_\_\_\_\_

- Save the Brave \$\_\_\_\_\_  Education Support Services \$\_\_\_\_\_  Museum \$\_\_\_\_\_
- Athletics \$\_\_\_\_\_  SPARK \$\_\_\_\_\_  General Fund \$\_\_\_\_\_  Performing Arts Dept. \$\_\_\_\_\_
- Art Dept. \$\_\_\_\_\_  Alumni Outreach \$\_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make and mail checks, corporate matches,  
or other gifts payable to:

The Hayford Foundation for Education  
3594 Par Four Dr.  
El Cajon, CA 92019

[www.thehayfordfoundation.com](http://www.thehayfordfoundation.com)

Federal Tax ID of 46-5098468

