# LAKER EDUCATIONAL FOUNDATION

## PLEDGE FORM OR OUTRIGHT GIFT

PO Box 840
Prior Lake, MN  55372
952.226.0063
www.lakerfoundation.org

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To support the Laker Educational Foundation, I/we confirm my/our agreement to contribute a total of
$_____for the Foundation's general corporate purposes.

Total Corporate Match Amount: $_____
Note: if you expect a corporate match to your pledge payment(s) please do not include that in the total amount of your pledge.

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**How the Pledge will be Paid:**

Number of Years: _____ (not to exceed 5 years)

Frequency:  ☐ Monthly       ☐ Quarterly

☐ Semi-Annual   ☐ Annually

☐ Custom Schedule

Please enter custom schedule:

| Payment # | Month/Year | Payment Amount |
|---|---|---|
| 1. | | $ |
| 2. | | $ |
| 3. | | $ |
| 4. | | $ |
| 5. | | $ |

Total pledge payment enclosed at this time: _____

Would you like to receive reminders?  ☐ Yes  ☐ No    If yes, what date to begin:   Month: _____   Year _____

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**Change to Existing Pledge:**

☐ Increase/Decrease:  I/we desire to change the payments for the remaining term of our existing pledge to
$ _____ each.

☐ Extension of Term:  I/we desire to extend the term of our pledge by _____ years beyond the term of
my/our existing pledge, in the same intervals and  ☐ At the same amount as the existing pledge OR

☐ In installments of $_____ after the end of the
current pledge term.

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This pledge is from:  ☐ Individual (s)  ☐ Organization  _____
Please indicate the type of organization.  For example, foundation, corporation, trust, etc.
Donor or Organization Name  _____  Entity Number  _____

Spouse/Partner or Organization Contact Name  _____

Address:  ☐ Home  ☐ Business  _____

Phone: _____   Email: _____

By signing this form, I/we acknowledge making a promise to the Foundation to fulfill the pledge made in this document, and understand the Foundation relies on my/our promise in order to continue its activities and solicit contributions from others, and that it will incur debts and expenses in reliance on the promise.  Therefore, I/we confirm my/our commitment that this pledge is legally binding on me/us and my/our estate(s) or successors. If this is a change to an existing pledge, I/we confirm my/our commitment to the binding effect of our pledge as modified.

Individual or Org. Authorized Signature: _____   Date:_____

Spouse/Partner Signature:_____   Date:_____