

Building Bridgeway—Comprehensive Campaign Pledge Form

Thank you for joining us on our journey to transform the student experience at Bridgeway Academy, making a critical difference in the lives of our students.

Donor Information:				
Full Legal Name(s):				
Address:				
City:	_ State:	Zip:	Phone:	
Email Address:				
Pledge Information				
YES, I (we) want to contribute t	o Bridgeway	Academy's Capi	ital Campaign	
Total Amount of Gift:	\$			
Initial Payment:	\$			
Balance:	\$			
Payable: full payment <u>OR</u> over 12 mon	ths 24 mont	ths 36 months	48 months 60 months beginning//	
Payment Schedule (circle one):	Monthly	Quarte	erly Semi-Annually Annually	
Signature:			Date:	
Contribution Information:]
I (we) plan to make my (our) contribut	ion in the for	m of:		
Cash Check Credit Car Please make checks payable to: Bri			Fund Transfer Donor Advised Fund	
Please charge my gift to: (or make you	r contributior	n online at: brid	gewayohio.org)	
Card Number:				
Expiration Date: / Secur	ity Code:			
Name on Card:				
My (our) gift will be matched by: forwarded via mail (address below) or			The matching gift form is attached or wi vayohio.org.	ill be
Recognition Information: For donor recognition, please use the f	following:			
I desire my gift to remain \Box anonymo	ous	☐ My gift is in	honor/memory of:	
households. It also lifts the existing cap on	contributions fo	or those who item	ble contributions of up to \$300 for individuals and \$60 nize, raising it from 60% of the adjusted gross income t uctible to the extent provided by law. EIN: 76-0796242	to 100%.
Questions? Contact Carol Argiro at 614-262	-		-	
Bridgeway Academy 2500	Medarv Avenu	e I Columbus.	OH 43202 614-262-7520 bridgewayohio.org	