



BAKER DEMONSTRATION SCHOOL
GIFT/PLEDGE FORM

I/We agree to give/pledge \$ _____ to the Baker Charitable Fund!

My/our check is enclosed. Please make checks payable to Baker Charitable Fund, Inc.

Please charge the following credit card for the full amount:

(circle one) American Express MasterCard VISA

Credit Card Number: _____ Exp Date: ____/____

Signature: _____ Date: _____

Please accept the following pledge payment schedule (all pledges must be fulfilled by June 30, 2010):

Semi-annually: Payment 1 on ____/____/____ (\$____) Payment 2 on ____/____/____ (\$____)

Quarterly: Payment 1 on ____/____/____ (\$____) Payment 2 on ____/____/____ (\$____)
Payment 3 on ____/____/____ (\$____) Payment 4 on ____/____/____ (\$____)

Equal payments beginning ____/____/____ and ending ____/____/____

This gift is in honor of in memory of

Name

Please acknowledge this gift (not amount) to:

Name

Address

City, State, Zip

(Please print name(s) as you wish to be recognized in donor listings.)

Address City, State, Zip

Email Phone

I/We wish to remain ANONYMOUS.

My employer has a Matching Gift Program. Name of Company

Matching gift form is enclosed; Matching gift form will follow.

Please return completed form to: Addie Goodman, Director of Advancement Baker Demonstration School 201 Sheridan Road, Wilmette, IL 60091 The Baker Charitable Fund is a 501(c)3 organization registered with the Internal Revenue Service.