



## DONOR INFORMATION

PLEASE PRINT OR TYPE

Name

Email Address

Billing address

Cell Phone Number

City, ST Zip Code

Work Phone Number

## PLEDGE INFORMATION

PLEASE PRINT OR TYPE

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:

now    monthly    quarterly    yearly

I (we) plan to pay:    now.

I (we) wish to be billed:

quarterly    annually    other

Please attach a check or complete credit card information below:

Credit card type | Exp. Date

Credit card number

Authorized signature(s)

Gift will be matched by (company/family/foundation)

Please designate my gift:

Memorial: (name)

In Honor of: (name)

Congratulations: (name)

Send acknowledgement to

Name:

Address:

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

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to: **Top Notch Scholars**

Top Notch Scholars • 60 Island Street, 1st Floor West  
Mailbox 54 • Lawrence, MA 01840

**THANK YOU FOR YOUR CHARITABLE CONTRIBUTION.**

TOP NOTCH SCHOLARS IS A NONPROFIT, TAX-EXEMPT ORGANIZATION UNDER THE PROVISIONS OF SECTION 501 c3 OF THE IRS CODE. OUR FID NUMBER IS XXXXXX. DONATIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.

[WWW.TOPNOTCHSCHOLARS.ORG](http://WWW.TOPNOTCHSCHOLARS.ORG)