The Education Fund – The General Fund Pledge/Donation Form

Please fill out the form and fax to our private office fax:305-558-4964 or mail to: The Education Fund, 6713 Main Street., Suite 240, Miami Lakes, FL 33014



Donor Name:						
Purpose of Gift:						
Contact Information: Prefix: First Name (Mr., Ms., Dr., etc.) Address Line 1:						Suffix: Ph.D., Ed.D, Jr., etc)
Address Line 2:						
City:	State:	Zip Code	H	Home pho	one:	
Work Phone:	Fax:		E-mail A	ddress: _		
Please tell us how you w	ould prefer to	be listed in E	ducation Fu	und Public	ations:	
Pledge or Donation (c	ircle one)	Amount (fill	in):			
	☐ Monthly for 6 months			s specified): □ Quarterly for 1 year		
Payment Method:	Check made	payable to T	he Educatio	on Fund	OR	
		□ Discover □ American E Exp				0ate:/
Billing Address:			City: _		State: _	Zip Code:
Check here if you are an	M-DCPS Teac	her: 🛛 Che	eck here if yo	ou are an	M-DCPS Prin	cipal: □
Check here if you wish t	o remain anony	ymous: 🗆 D	oes your en	nployer ha	ave a matchin	ig gifts program: □
Employer Information (fo	or matching gif	ts informatio	n)			
Employer:						
Address Line 1:						
Address Line 2:						
City:	State: _	Zip Code		_ Phone:		
Comments:						
				_		

Signature of Donor

Date

The Education Fund publishes the names of our donors in various publications throughout the year. Check here if you DO NOT wish to be included in our donor listings.

Thank you for your gift! We appreciate your support of our mission. The Education Fund respects the privacy of our donors and does not sell or share donor information with other organizations. For further information, please contact Mimi Pink at 305-558-4544, ext. 116, or 305-331-4906 (mobile) or mpink@educationfund.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-HELP-FLA OR 850-488-221 OUTSIDE FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.