



Pledge/Donation Form

Salutation  Mr.  Ms.  Mrs.  Dr.  \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Is this a Pledge or Donation?

Pledge Amount (\$500 minimum) \$

Enclosed Donation \$

Pledge Collection Schedule  Quarterly  Monthly  
*(for TJF staff notification purposes only)*

How do you want your pledge or donation allocated?  
 Tom Joyner Foundation  
 General Fund

School of the Month Please Specify: \_\_\_\_\_

Both  50/50  Other: Please Specify

Contact Information

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_

E-mail Address \_\_\_\_\_

Preferred Contact  Home  Cell  Email

If a pledge, I agree to pay the amount pledged on or before December 10.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Print and mail this form to: Tom Joyner Foundation - Accounting Department  
P. O. Box 630495  
Irving, TX 75063-0495