

Name:	Email Address:	
Mailing Address:		
I/we pledge \$ in \$ We understand following payments:	support of the Middle School Cathat the pledge must be completed by	mpaign with an initial payment of y June 30, 2022 and expect to make the
First payment: Date:	Amount: \$	Check Enclosed
We intend to make our payments:		
Annually in  Twice a year in  Quarterly	and in	
Our pledge will be matched by:	for a total c	commitment of \$
Payment Methods:		
By transfer of securities, plea Office at (603) 795-3111	s Academy (Memo: Middle School Cause see website for instructions or obsite at www.crossroadsacademy.org,	contact the Crossroads Development
Donor Signature	Second Donor Signatu	re (if applicable)
Please print your name(s) as you wo	ould prefer for recognition purposes:	
Printed Name	Second Printed Name	(if applicable)
In addition, we plan to continue our	support of the Crossroads Fund in su	upport of faculty by giving
\$ by June 30 eac	ch year.	
Thank you! We are most grate	eful for your support in helpin	g Crossroads continue to grow!
	$\overline{\mathcal{L}}$	Date

Please download this form to complete and email to hazel.townsend@crossroadsacademy.org or print and mail/deliver the form to Crossroads Academy.