

**The Patrons Program
Pledge Form**

Date of Pledge Commitment _____ Amount of Pledge _____

To be paid as follows (circle one):

Lump Sum _____ Over _____ Years (please attach payment schedule)

Please direct my donation towards:

- Patrons Program Operating Expenses
- Specific School: _____
- Specific Program: _____
- Please contact me to discuss other options for my gift.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

Please mail to:
Ms. Jill Kafka
Executive Director
Patrons Program
1011 First Avenue, 14th Floor
New York, NY 10022
or fax to 212-753-5980