



2021-22 BERGMAN ANNUAL FUND

Every Family, Every Year

YES! I will support the students and teachers of Bergman with a gift of \$_____.

PAYMENT INFORMATION

I/we would like to make my/our gift with:

- Enclosed is my/our check payable to Bergman Academy
- Pledge payments in equal installments of \$_____ beginning in _____ (month)
 - Please add onto my tuition statement
- Grant made through Donor Advised Fund in _____ (month)
- Pledge payment at a future date. Please send pledge reminder in:
 - December '21 January '22 April '22 June '22
- Please charge my/our: MasterCard Visa Discover AMEX

Name on Card

Card Number

Exp. Date

Sec. Code

Signature

CORPORATE MATCHING GIFTS

For recognition, a matching gift will be counted toward your overall pledge or contribution. Visit www.bergmanacademy.org/employer-matching.

- My total pledge includes a matching gift by _____ (employer name) in the amount of \$ _____ in _____ (month).

RECOGNITION

- Please keep my gift anonymous.
- Please list my/our name as: _____
- My gift is made in honor / memory of: _____

NAME (print): _____

SIGNATURE: _____ **DATE:** _____

Bergman Academy is a designated 501(c)(3) non-profit organization. All contributions are tax deductible to the extent of the current tax code.