



Annual Fund Pledge Form

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

By signing below, I/we are committing to the following donate/pledge to the Waldorf School of San Diego:

Amount: _____

Payment Instructions

_____ I am fulfilling the entire pledge at this time

_____ I will pay the entire pledge on or before ____ (please send me an invoice two weeks prior)

_____ I would like to be billed in installments of \$ _____. ____ Weekly ____ Monthly ____

Confirmation

Signature _____

Date _____

Please email or mail your completed pledge form to:

The Waldorf School of San Diego
Attn: Development
3547 Altadena Avenue
San Diego, CA 92105
development@waldorfsandiego.org