



# Pledge Form

## Absentee Seminole Tribe of Texas

### Scholarships program

#### Donor Information (please print or type)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: ☐ now ☐ monthly ☐ quarterly ☐ yearly.

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ other.

Gift will be matched by (company/family/foundation) \_\_\_\_\_

#### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

☐ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to:

Absentee Seminole Tribe of Texas  
P O Box 1932  
McKinney, TX 75070