



BEAUX METTLER INNOVATION CENTER PLEDGE FORM

Name _____

Home Telephone _____

Address _____

Work Telephone _____

City _____ State _____ Zip _____

Email _____

Signature _____

Date _____

Donation Levels:	Visionary:	\$75,000 or more	Cutting Edge:	\$10,000 to \$24,999
	Revolutionary:	\$50,000 to \$74,999	Enterprising:	\$5,000 to \$9,999
	Breakthrough:	\$25,000 to \$49,999	Benchmark:	\$1,000 to \$4,999
			Pioneer:	Up to \$999

See back of sheet for Donor Benefits

I/We hereby pledge support in the total amount of \$ _____

To be paid as follows:

Total Pledge Enclosed.

My 2016 installment is enclosed and I will pay my pledge in installments as follows:

2016 \$ _____ 2017 \$ _____ 2018 \$ _____

I would like this donation to remain anonymous.

I would like to be recognized for this donation.

Make checks payable to: Ashwaubenon School District
Return this completed pledge form and check to: Ashwaubenon School District , 1055 Griffiths Lane, Ashwaubenon WI 54304

