



A Conway County Workforce Initiative

Contributor Information

Name _____ personal
Name _____ corporate/organization

Contact Information

Contact Name _____
Title (if corporate pledge) _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Pledge Information

I am pleased to make the following financial pledge in support of Conway County School Counts! My pledge is:

\$ _____ BEING PAID WITH THE ENCLOSED CHECK
Please make your check payable to School Counts!, and mail to the address below.

\$ _____ A ONE-TIME PAYMENT, TO BE BILLED AS SHOWN.
Please bill me in the month of _____, 20 ____.

\$ _____ TO BE PAID OVER - 1 - 2 - 3 - 4 OR 5 YEARS (circle one).
Please bill me - annually - or - quarterly - (circle one), beginning in the
month of _____, 20 ____.

Please check this box if you would like your pledge to be anonymous. Your name or company name will not be listed as a contributor in public literature. If this box is not checked, your name will be listed as a contributor in our promotional and communications materials.

PLEASE RETURN THIS PLEDGE FORM TO:

Conway County "School Counts"
120 North Division Street
Morrilton, AR 72110
(501) 354-2393, (501) 354-8642, fax



GROW : confidence + career + community

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