



NFA
FOUNDATION

**Class of 1972 Reunion Gift
Pledge Commitment Form**

Name: _____

Address: _____

City/State/ Zip: _____ Phone: _____

Email: _____

Total Amount Pledged: _____

Designated Area(s) of Support: _____

Payment Schedule:

- ☐ I/we will make monthly payments of \$ _____ beginning on _____, 20__ to total the amount indicated above.
- ☐ I/we will make ____ annual payments of \$ _____ beginning on _____, 20__ to total the amount indicated above.

Method of Payment:

- ☐ A check in the amount of \$ _____ is enclosed, made payable to the NFA Foundation, Inc.
- ☐ Charge my debit/credit card as indicated by the payment schedule.

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

Thank You!

SUPPORTING OPPORTUNITY AT NORWICH FREE ACADEMY