



Pay It 4Ward Pledge Form

This program requires a pledge/payment commitment to assist a specific student named by the donor for a young woman's education at Trinity High School.

I pledge to support _____
Student Name _____ Class Year _____

Amount _____

Years _____ 2018 -2019
_____ 2019-2020
_____ 2021-2022
_____ 2022-2023

Payment Frequency _____

Donor Information

First name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Pay It 4Ward is not tax deductible. For more information, please contact Sally Davis at sdavis@trinityhs.org.