



2015 Pledge Form
Virginia STEAM Academy
P.O. Box 324
Suffolk, VA 23439-0324
TEIN: 37-1636703

Pledge Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Signature _____ Date _____

I (we) will make a contribution of \$ _____ to Virginia STEAM Academy, Inc.

Please indicate how your name(s) should appear on a contributors' list:

Check enclosed.

My/my spouse's company will match this gift. Yes No

Name of Company:

Please make checks payable to Virginia STEAM Academy, Inc.

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