



*Our Mission:
To promote and support higher educational goals for academically
talented students who are college-bound, have demonstrated
leadership ability and a desire to give back to their communities
through volunteerism and community service activities.*

R.W. Sorrell Scholarship Fund Pledge Form

Donor Information (please print or type)

Name _____

Billing Address _____

City / ST / Zip Code _____

Phone 1 / Phone 2 _____

Fax / Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: ☐ now ☐ monthly ☐ quarterly ☐ annually

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ money order ☐ PayPal

Gift will be matched by (company/family/foundation) _____

☐ Form enclosed ☐ Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

☐ I (we) wish to have our gift remain anonymous.

Signature(s): _____ Date: _____

Please make checks, corporate matches, or other gifts payable to:

R.W. Sorrell Scholarship Fund

P.O. Box 26701

Elkins Park, PA 19027