

Pledge/Donation Form

Donor's Full Name: _____

Address: _____

Phone: _____ Email: _____

Donation: \$ _____

This donation is being made toward the following:

Scholarships

Where Needed Most

\$22,500 – will provide a full K-8 scholarship for one CTCEE Scholar

\$10,000 will provide 4 scholarships for one-year

\$2,500 will provide 1 scholarship for one year

\$1,250 will provide a scholarship for one semester

\$250 will provide a scholarship for one week

All checks should be made payable to: "Connecticut Center for Educational Excellence," writing whether the amount is for "Scholarships" or "Where Needed Most" in the memo.

Please mail checks to the following address:

Connecticut Center for Educational Excellence

PO Box 1332 Hartford, CT 06143

Attention: Carolanne Marquis, Chief Executive Officer

Should you choose to pledge your donation, please fill out the information below.

Pledge: \$ _____ (amount) over _____ (years)

Signature: _____ Date: _____