



**PLEDGE FORM**

In support of Heights Philadelphia’s vision that “all Philadelphia students graduate high school with pathways to economic mobility through college and workforce success,” I/we commit \$

\_\_\_\_\_.

Payment Schedule:	Date _____	\$ _____
	Date _____	\$ _____
	Date _____	\$ _____
	Date _____	\$ _____

Please check one:

I/we wish to direct this gift to the area of Greatest Need. This gift is unrestricted.

I/we wish to direct this gift to the following initiative or program: \_\_\_\_\_

Donor Name(s): \_\_\_\_\_

Donor Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

On behalf of Heights Philadelphia:

VP of Advancement Signature: \_\_\_\_\_ Date \_\_\_\_\_

Heights Philadelphia EIN #23-1365983

Please return this form to Paige LeGrand, Vice President of Advancement,  
by email at [plegrand@steppingstonescholars.org](mailto:plegrand@steppingstonescholars.org) or by mail.

