

Request to participate in the Educational Improvement Tax Credit Program

First Name	Last Name		
Joint First Name (if applicable)	Joint Last Na	ne	_
SSN	Joint SSN (if applicable) _		
Phone Number	Email		
Joint Phone (if applicable)	Joint Email (if applica	ble)	
Street Address	City	State Zip	
Date			
School Name		Amount	
School Name		Amount	
School Name		Amount	

You will receive the final pledge form via DocuSign from BLOCS, beginning August 1st. After the final form is signed via DocuSign, you will receive the information on how to make your contribution via email. This is a 2-year commitment with the listed pledged contribution amount being due this year within 60 days of signing, or prior to December 15th, and next year at the same time.

For questions, contact: RedefinED; info@redefiningeducation.org or 814.419.5505