Work Readiness | Entrepreneurship | Financial Literacy

Thank you for your support of Junior Achievement!

Pledge Form

Name _____ Date _____

Address _____

Email _____ Phone _____

Signature _____

☐ I would like to save _____ classes in the _____ school district.

Additional school information _____

☐ Enclosed is a check for $ _____ made payable to **Junior Achievement.**

☐ Please charge my: ☐ MC ☐ Visa Credit Card # _____
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☐ I/we make this gift: ☐ in honor of _____

☐ in memory of _____

Please send a notification of this gift to: Name: _____

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☐ Please send me an invoice.

Please return to:
Junior Achievement of South Central PA
610 South George Street, York, PA 17401
(717) 843-8028 ▲ www.jascpa.org

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