



**SMA Foundation Incorporated
Legacy Fund**

Individual/Joint Pledge Form

I/We _____, irrevocably pledge and promise to pay The Staunton Military Academy Foundation Inc. the sum of \$_____.

This gift will be used by SMA Foundation Inc. to fund (please indicate either the Heritage Fund or Truth, Duty and Honor Honorees Fund). If TDH Honoree Fund please specify if only for scholarships.

SMA Foundation Inc. will use these funds in accordance with the specifications stated above. If no specific use is indicated, the gift will be used to fund priorities as determined by the President of the SMAAA.

This pledge may be paid over not more than five years. It is intended that this commitment be satisfied according to the following:		Comments
Year of Payment	Annual Payment	
Please check: <input type="checkbox"/> Payment Enclosed: _____		
I prefer to make payments: <input type="checkbox"/> Annually in the month of _____. <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually beginning _____.		

This pledge is intended to reflect a personal commitment and investment in SMA Foundation Inc. Please note: Internal Revenue Service regulations prohibit the use of donor-advised funds and private foundations to satisfy this pledge.

This pledge shall be governed by the laws of the Commonwealth of Virginia.

I sign this pledge with the intent to be legally bound. If I am executing this pledge with my spouse, I understand that we are each separately obligated to fulfill this commitment. In the event that I, and if I am executing this with my spouse, my spouse should die prior to the time this pledge is fully paid, I direct that my personal representative satisfy this pledge as a debt of my estate.

Signature _____
Date

Signature _____
Date

Please initial as appropriate:

_____ I/we agree that SMAAA may inform the Board of Directors and publicize this gift. Publicity may include, but not limited to, The Kablegram-Leader, SMAAA's quarterly newsletter and the SMAAA website.

_____ I/we wish the terms of my gift to remain anonymous.

IMPORTANT
PLEASE COMPLETE

Thank you for your pledge. You will receive an acknowledgment of your commitment and annual reminders of the outstanding balance due.

Checks should be made payable to:
Staunton Military Academy Foundation Incorporated
P.O. Box 958
Staunton, VA 22553

ACKNOWLEDGMENT ADDRESS

You will receive an acknowledgment of your commitment and quarterly, semi-annually or annual reminders of the outstanding balance due.

Name(s) *Please Print*

Address

City, State, and Zip

MATCHING GIFTS

I understand that it is my obligation to satisfy this pledge in full. Any matching gifts received as a result of payments made on this pledge will be designated to the same purpose as identified on the previous page as allowed by my corporate matching policy, but will not be applied to any outstanding balance I owe on this pledge.

Company Employee Name

Anticipated Annual Match

In order for us to process your matching gift, you must complete your company's gift matching documentation.

SMAAA Development Notes:

Development Representative Date

