



Atlanta Jewish Academy

Foundation for Our Future Capital Campaign and AJA Fund (Annual Giving)
Letter of Intent

Name _____

Address _____

To advance the vision and mission of the Atlanta Jewish Academy I/we want to make a commitment to the Campaign and to the AJA Fund (annual giving). I/we commit our support as follows:

I. Commitment to the Capital Campaign

My/our total Campaign Pledge is \$ _____. It is payable over up to a 2 year-period. My payment schedule is as follows:

\$ _____ in _____ (mo./year)

\$ _____ in _____ (mo./year)

I will pay online at www.atljewishacademy.org/contribute, or please see my credit card information on the back.

I am attaching a check. Checks can be made payable to the Atlanta Jewish Academy. Please note on check the amount that is for the *Foundation for Our Future Campaign*.

II. Commitment to the AJA Annual Fund

Annual Gift of \$ _____ per year, over _____ # years.

(We will send you an annual giving reminder in August each year. If you wish to receive a reminder on a different schedule, please indicate the preferred month: _____.)

My gift will be matched by: _____

I will pay online at www.atljewishacademy.org/contribute or please see my credit card information on the back.

I am attaching a check. Please make checks payable to the Atlanta Jewish Academy and note on check the amount that is for the *AJA Fund*.

Signed _____ Date _____

Name(s) for recognition purposes: _____

-OR-

Check here if you wish your gifts to remain anonymous.

Credit Card Payment Information

Charge my (check one) AMEX Discover MC VISA card as follows:

\$ _____ for the [AJA Fund](#).

\$ _____ for the [Foundation for Our Future Campaign](#).

\$ _____ Total

- Please also add the 3% credit card processing fee to my gift so that AJA benefits from the full amount.
- This is a single credit card payment OR
- I would like my credit card charged the total amount above according to the pledge payment schedule on the reverse side.

Name: _____ Phone: _____

Email: _____

Billing Address: _____ City _____ State _____ Zip _____

Name as it appears on card _____

Account# _____

Expiration Date _____ CSV Code: _____

All gifts to both campaigns are eligible for a tax deduction to the full extent allowed by law. For questions or to make a payment via stock please call or email Natasha Lebowitz at 404-843-9900 or nlebowitz@atljewishacademy.org.