

# EITC PLEDGE FORM



First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Joint First Name (if applicable):

\_\_\_\_\_

Joint Last Name:

\_\_\_\_\_

SSN: \_\_\_\_\_

Joint SSN (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

Zip

\_\_\_\_\_

School Name:

*Our Lady of the Cross*

Amount:

\_\_\_\_\_

School Name:

\_\_\_\_\_

Amount:

\_\_\_\_\_



Questions? Contact RedefinedED; [info@redefiningeducation.org](mailto:info@redefiningeducation.org) or 814-419-5505