

HELP MAKE THE CONNECTION FOR OUR STUDENTS BY JOINING US TODAY!

WCAEF Pledge Form

Please make your check payable to **WCAEF** and mail to: WCAEF 782 Springdale Drive, Exton, PA 19341

NAME:	
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WCASD alumnus/graduation year:	
High School:	
Our company will designate the Foundation for EITC funding.	
I am able to provide an internship for a student.	
I am willing to work with a co-op student.	
ENCLOSED IS MY GIFT OF:	
Please designate my gift as follows:	
In memory of	
In honor of	
In appreciation of	

In recognizing this gift, the contributor may be acknowledged in a number of ways, including but not limited to, having the contributor's name appear in print. If you do not wish for your name to be published for public view, please initial here. _____