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|  |  | 2018 SPEAK Out! Day  TRAVEL SCHOLARSHIP PLEDGE FORM | 1900 Association Drive  Reston, VA 20191-1598  (800) 213-7193  FAX (703) 476-9527  **shapeamerica.org** |
|  |  | |
|  | Please make your pledge by December 15, 2017 | |
|  | MAIL: 1900 Association Drive, Reston, VA 20191 | FAX: 703-476-9527 |
|  | E-MAIL: [bbennett@shapeamerica.org](mailto:bbennett@shapeamerica.org) | PHONE: 703-476-3468 |

1. Click in each field to enter your information.
2. Be sure to save a copy of your completed form for your own records.
3. Print and sign your completed form and return it to SHAPE America via email (as a PDF), fax or by mail.

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| INDIVIDUAL OR ORGANIZATIONAL INFORMATION | | | | | |
| Organization Name: Click or tap here to enter text. | | | | | |
| First Name: Click or tap here to enter text. | | Last Name: Click or tap here to enter text. | | | |
| Title *(if organizational representative)*: Click or tap here to enter text. | | | | | |
| Publish As Name *(Please print individual or organization name exactly as it should be listed in electronic and print publications)*:  Click or tap here to enter text. | | | | | |
| Address: Click or tap here to enter text. | | | | | |
| City: Click or tap here to enter text. | | | State: Choose an item. | | Zip Code: Click or tap here to enter text. |
| Main Phone: Click or tap here to enter text. | | | Direct Phone: Click or tap here to enter text. | | |
| Website: Click or tap here to enter text. | | E-mail Address: Click or tap here to enter text. | | | |
| SELECT YOUR DONATION LEVEL | | | | | |
| Please indicate below the donation amount you wish to make to support scholarships that will enable SHAPE America members to travel to Washington, DC to “speak out” in support of school health and physical education. | | | | | |
| $250 (supports 1 individual) | $500 (supports 2 individuals) | | | $1,000 (supports 4 individuals) | |
| $1,500 (supports 6 individuals) | $2,500 (supports 10 individuals) | | |  | |
| SELECT YOUR PAYMENT OPTION | | | | | |
| Check enclosed | Invoice | | | | |
| Signature |  | | | | |
| Printed Name: | Click or tap here to enter text. | | | | |
| Organization: | Click or tap here to enter text. | | | | |
| Date: | Click or tap here to enter text. | | | | |
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