

## Pledge Form Please return this form to the American Inns of Court

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COMPANY/ORGANIZATION (I	F APPROPRIATE)		
ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE		EMAIL ADDRESS	
SIGNATURE		DATE	
I/We wish to make a gift to the American Inns of Court to TOTAL AMOUNT OF GIFT: \$		support its goals and objectives. I/We commit the following: This gift will be treated as a donor-restricted gift to the endowment for the Pegasus Scholarship program, and will be subject to the investment	
INITIAL PAYMENT:	\$	policy for the American Inns of Court endowment fund. Gifts are tax deductible to the fullest extent provided by law. If you wish to make a gift using a credit card, electronic fund transfer (EFT) or stock, please call the American Inns of Court at (703) 684-3590.	
PAYABLE:  One-time OR over    1 Year  2 Years  3 Years  4 Years  5 Years		Please ma	ke checks payable to the American Inns of Court (An IRS 501(c)3 tax-exempt organization) American Inns of Court
BEGINNING DATE:		Attn: Ranc	dy J. Holland Pegasus Scholarship Endowment Fund 225 Reinekers Lane, Suite 770 Alexandria, VA 22314 Phone: 703-684-3590