



Request to participate in the Educational Improvement Tax Credit Program

First Name _____ Last Name _____

Joint First Name (if applicable) _____ Joint Last Name _____

SSN _____ Joint SSN (if applicable) _____

Phone Number _____ Email _____

Joint Phone (if applicable) _____ Joint Email (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Date _____

School Name _____ Amount _____

School Name _____ Amount _____

School Name _____ Amount _____

You will receive the final pledge form via DocuSign from BLOCS. After the final form is signed via DocuSign, you will receive the information on how to make your contribution via email. This is a 2-year commitment with the listed pledged contribution amount being due this year within 60 days of signing and next year at this time.

For questions, contact: RedefinED; info@redefiningeducation.org or 814.419.5505