Marathon Sponsor Pledge

I/We, _____, pledge $100 per month for 10 years* (or the equivalent to equal $12,000) to the Marathon Scholarship Fund. I/We understand that as a Marathon Sponsor, this contribution will be exclusively designated to the Marathon Scholarship Fund and that you will direct my donations to a Scholar in the program who is eligible for a scholarship in accordance with its terms and conditions for the granting and sustaining of scholarships.

In an effort to make billing as simple as possible for our Sponsors, we accept scholarship payments through Automated Clearing House Transfer. To set up your ACH payment, please fill out the form below and attach a voided check. If you need to use a different payment method, please contact Marathon staff at (503)235-2500. We will gladly arrange an alternative to our standard payment system.

Please begin my ACH debit starting _____, 20_____.

Please bill me: ☐ $12,000 Single Payment (enclosed) ☐ $1,200 Annually ☐ $300 Quarterly ☐ $100 Monthly

☐ In addition to my monthly scholar pledge, I would like to donate an additional $_____ per month / one time (circle one)

☐ My company will match my monthly donations. Company Name: _____

_____Date_____ _____ Date _____
Signature of Sponsor Signature of Sponsor

*With respect only to the financial obligation of the Sponsor(s), this is a good faith pledge to make the contributions indicated; it is not a contract. All contributions are appreciated and tax deductible. For all other purposes, this Financial Pledge constitutes an agreement between the Sponsor(s) and Marathon Scholars.

Information provided below is destroyed upon receipt and processing

I/we hereby authorize Marathon Scholars, hereinafter called COMPANY, to initiate debit entries to my/our [ ] Checking Account/ [ ]Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME_____

ROUTING NUMBER _____ ACCOUNT NUMBER_____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

____ *I HAVE ATTACHED A VOIDED CHECK TO THIS PLEDGE FORM*

DATE:_____ SIGNATURE:_____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Marathon Scholars
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Portland, OR 97205
www.marathonscholars.org