

Golden Gate Restaurant Association Scholarship Foundation Pledge Form

Name: _____

Address: _____

Phone: _____ Email: _____

I/We share the goals and efforts of the Golden Gate Restaurant Association Scholarship Foundation. In recognition of these common goals, and in support of the effective work undertaken to support culinary/hospitality students by GGRASF,

I/We pledge a contribution in the amount of: \$ _____

This pledge will be paid: _____

In one payment, no later than _____ (month)

Semi-monthly, starting in _____ (month)

Monthly, beginning in _____ (month)

Please put on my credit card, account #: _____

Exp date: _____

Other: _____

Signature: _____ Date: _____

The Golden Gate Restaurant Association Scholarship Foundation commits itself to effective and responsible efforts to provide annual scholarships to students pursuing education in the culinary/hospitality industries.

On behalf of the Golden Gate Restaurant Association, we gratefully accept this pledge of support.

Trustees of the GGRASF.