

# Read-A-Thon Pledge Form

Student Name: \_\_\_\_\_ Gifted Day: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

**My reading goal is reading \_\_\_\_\_ minutes in ONE week!**

Name	Amount Pledged Per Minute	Lump Sum Donation	Amount Owed	Check When Money is Collected
Example: For a goal of 200 minutes	\$0.10		\$20	
Example of a lump sum for achieving goal		\$20	\$20	
<b>TOTAL</b>				

**Please Make Checks Payable to PAGE  
THANK YOU for your SUPPORT of Gifted Education!**