



ACSI 2024 Pledge Form 2/12/2024

Download

By signing this document, you are becoming a member of a Special Purpose Entity through Children's Tuition Fund once this document has been executed. The complete legal agreement can be found at: [SPE Legal-Agreement-February 2024](#)

IN WITNESS WHEREOF, the parties have executed this LIMITED LIABILITY COMPANY OPERATING AGREEMENT FOR: \_\_\_\_\_.

**INDIVIDUAL MEMBER** (complete if joining as an individual)

**BUSINESS MEMBER** (complete if joining as a business)

Printed Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Name: \_\_\_\_\_ Date: \_\_\_\_\_

Joint (if applicable): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Type (S-Corp, LLC, etc.): \_\_\_\_\_

Taxpayer ID (SSN): \_\_\_\_\_ Joint Taxpayer ID (SSN): \_\_\_\_\_

Business EIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Contribution Amount** (2 Year Commitment - \$1,000 minimum contribution per year up to your maximum tax liability)

Year 1 Amount (round to the nearest dollar): \$ \_\_\_\_\_

Year 2 Amount (round to the nearest dollar): \$ \_\_\_\_\_

Note: Year 2 will be the same as Year 1 unless otherwise noted.

The Company is to use my Capital Contributions as follows (to be completed by Member):

- Name of school: \_\_\_\_\_ Amount per year: \$ \_\_\_\_\_
- Name of school: \_\_\_\_\_ Amount per year: \$ \_\_\_\_\_
- Name of school: \_\_\_\_\_ Amount per year: \$ \_\_\_\_\_
- Undesignated: \_\_\_\_\_ Amount per year: \$ \_\_\_\_\_

Your name will be shared with the school. If you have any anonymity questions please contact Children's Tuition Fund of PA.

Unless communicated otherwise in writing, the Company will donate the Capital Contributions listed above to ACSI's Children's Education Fund dba Children's Tuition Fund of Pennsylvania for the exclusive benefit of students in Pennsylvania.

\_\_\_\_\_(initial) I have read the attached or linked joinder agreement.  
 \_\_\_\_\_(initial) I understand this is a legal document and I am becoming a member of the named entity for the purpose of giving through the various PA tax credit scholarship programs.

James Elliott, in his capacity as the Manager of the Company, hereby accepts this Joinder and admits the party or parties identified above as a Member of the Company as of the date written below.

By: \_\_\_\_\_  
Name: James Elliott  
Title: Director

Secure Link Upload File: [Click Here](https://bit.ly/3Sy03Dl)  
or use this URL: <https://bit.ly/3Sy03Dl>

Amended 4.22.19, V.3, PS

IN WITNESS WHEREOF, the undersigned has executed this Joinder to Limited Liability Company Operating Agreement of 15238 Mohawk, LLC as of the date set forth below next to the undersigned's signature.

IF AN INDIVIDUAL OR 2 INDIVIDUALS SIGNING JOINTLY:

IF A LEGAL ENTITY:

Print name

Print name of legal entity

Signature of person's whose name is printed above

Signature

Print name

Print name and title of authorized individual signing for entity

Signature of person's whose name is printed above

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

Mailing Address

Mailing Address

Email address

Email address

Social Security #      Social Security #

EIN

AMOUNT OF INITIAL CAPITAL CONTRIBUTION (due upon acceptance):

AMOUNT OF SECOND CAPITAL CONTRIBUTION (due at Manager's request)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

NOTE: Minimum of \$3,500 unless Manager determines otherwise

NOTE: Same amount as Initial Capital Contribution

**OPTIONAL:** Manager is to use my Capital Contributions for children attending the following EITC/OSTC qualified schools:

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of School: \_\_\_\_\_ Amount \$ \_\_\_\_\_

IF THE ABOVE OPTIONAL DIRECTION IS LEFT BLANK, Capital Contributions will be regarded as undesignated by the Manager.

Randy Tarpey, in his capacity as Manager of the Company, hereby accepts this Joinder and admits the party or parties identified above as a Member of the Company as of the date set forth next to the signature below.

15238 Mohawk, LLC

DATE: \_\_\_\_\_

By: \_\_\_\_\_  
Randy Tarpey, Manager

15238 Mohawk, LLC  
Central Pennsylvania Scholarship Fund  
Attn: Tami Clark or Randy Tarpey  
227 Jefferson Avenue  
Tyrone, PA 16686