



| Pledge Form

Name: _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Email(s): _____

I will make my pledge now.

I will begin my pledge on (date): _____

I make this commitment over: 1 Year 2 Years 3 Years Other: _____

Total Gift Amount: \$ _____

Amount Enclosed Now: \$ _____

Balance: \$ _____

Please Send Me Reminders: Monthly Quarterly Annually

I will make my gift in the form of a planned/deferred gift:

Executor Name: _____

Executor Phone Number: _____

Total Gift Amount: _____

Please charge my credit card.

Credit Card # _____ Exp: ____/____ CWV: _____

Please draft my checking account.

Bank Routing # _____ Account # _____

I will provide a voided check to use a checking account for pledge payments.

Signature(s)

Date