



2019 PLEDGE FORM (July 1, 2019 – June 30, 2020)

DONOR INFORMATION (please print or type)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____
EMAIL _____

PLEDGE INFORMATION

- I (we) pledge an **annual** total of \$_____ to be paid for the next budget year starting July 1, 2019. Installment payments will be made (check one please):
 - one-time payment
 - weekly
 - monthly
 - quarterly
 - other _____
- I (we) plan to make this contribution in the form of:
 - cash
 - check
 - stock/securities
 - other _____

Signature(s)

Date

This pledge is a statement of intention that remains valid until modified in writing.

Office use: Office____ Canvass____ Realm____ T.Y.____ Payment check #____ Date received____ Amount____