

GIFT Campaign Pledge Form

Name _____

Address _____

Phone # _____

Signature _____

Date of Pledge _____

Please list the amount of your gift (what you give now) _____

Please list the amount of your pledge (what you will give over time) _____

Please list whether your pledge will be paid weekly/ monthly/ annually _____

Please list the number of years of your pledge _____

If applicable, please list the group getting credit for your gift for a named space in the new Center _____

Please check here if you would like to give to the GIFT Campaign through your will or stock. We will contact you with further information. _____