



CAPITAL CAMPAIGN

I/We prefer to pay the balance over three years as follows:

- Monthly*
- Quarterly*
- Semi-Annually*
- Annually*
- Other*

See reverse for payment method options.

I/We pledge to the Campaign:

\$

AMOUNT OF GIFT

\$

INITIAL PAYMENT TODAY

\$

BALANCE

I/We will make our first gift payment:

PAYMENT DATE

SIGNATURE (S)

DATE SIGNED

COMMENTS

Method of Giving

- Online - pay by check or card*
- Check/Cash*
- Automatic Withdrawal*
- Credit/Debit - please complete section below*
- Securities*
- Life Insurance*
- Other*

Credit Card Details

CARD TYPE

EXP (MM/YY)

16-DIGIT CARD NO.

CVC

Comments

Donor Information

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

For recognition purposes, please list our name(s) as:

Please make my/our gift anonymous