

Springbrook Foundation

PLEDGE FORM

DONOR INFORMATION

Personal Gift Corporate Gift

Company/Organization (if appropriate): _____

Name(s): _____

Address: _____ City/State/ZIP: _____

Email: _____ Preferred Phone: _____

COMMITMENT

I(we) pledge \$_____.

I(we) plan to make our contribution in the form of:

cash check credit card stock payroll deduction other

Special instructions: _____

This gift will be matched by: _____

(Most companies require that each subsequent pledge payment be accompanied by a matching gift form)

Payment Schedule

One-time payment

I(we) prefer to pay this amount over time:

First payment of \$_____ will be made on _____ (month) of _____ (year).

Remaining payments to be made Monthly Quarterly Annually over 1 2 3 years.

Credit Card Information

Full name on credit card: _____ Visa Mastercard AMEX Discover

Card # _____ Exp. date _____ CVV _____

(you may also enter your information online at: campaignforspringbrook.org)

GIFT RECOGNITION

My/Our names should appear as follows: _____

This gift should remain anonymous

This gift is made in memory of: _____

This gift is made in honor of: _____

Special Notes:

Donor Signature Date Donor Signature Date

Springbrook Foundation Representative Date

Please return the completed form to:

Springbrook Foundation | 105 Campus Drive, Oneonta, NY 13820