Multi-Year Pledge Form Sample

Thank you for your generous support of ABC organization.

Please complete the pledge form below:

I/We pledge the following gifts to ABC organization:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount | To be Paid by date: | Reminder Method Email or Letter? |
| Initial Gift |  |  |  |
| Year 2 Gift |  |  |  |
| Year 3 Gift |  |  |  |

I prefer to pay by: ❑ Check ❑ Credit Card

# Donor Information:

Name(s):

Address:

City, State, ZIP:

Phone:

Cell Phone:

Email:

Preferred method of communication: ❑ USPS ❑ Email ❑ Phone ❑ Cell Phone

Anonymous Gift? ❑ Yes ❑ No

Please credit my gift in this way:

Donor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_