

CAPITAL CAMPAIGN

PLEDGE FORM

A commitment to MSY's next chapter

1 YOUR PLEDGE

It is my intent to make/pledge a gift of

\$

This gift is in the form of:

☐ Payroll Deduction

☐ Cash/Check

☐ Visa/MC #:

Expiration Date

☐ Other (please specify):

2 PAYMENT SCHEDULE

My gift will be paid as follows:

Payment amount

\$

Payable over the next

years

Beginning on

in the following installments:

☐ Annually

Month

☐ Quarterly

☐ Semi-annually

Two months

&

☐ Monthly

3 RECOGNITION

Please indicate the name(s) you would like us to use in recognizing your gift:

OR List this gift: In Memory (or In Honor):

4 DONOR INFORMATION

Donor/Business Name

Phone Number

Contact Name (if a business gift)

Address

City/State/Zip

Donor's Signature

☐

I/we prefer to remain anonymous.

FOR OFFICE USE ONLY

☐ Acknowledged

☐ Donor List

☐ Computer Record

☐ Permanent File