



MULTI-YEAR PLEDGE FORM | For gifts exceeding \$1,000 per year

ID# _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Home ☐ Cell

Email _____ Date of Birth: _____

Total Gift Amount: _____

I anticipate my gift to be matched by (specify company): _____

Recurring over: ☐ 5 Years ☐ Ongoing (until I request cancellation)

Beginning: _____

Payment options: ☐ Auto draft my credit card on the ☐ 1st ☐ 9th ☐ 17th ☐ 24th

☐ Billed every: ☐ Year ☐ Month ☐ Quarter

Your security is important to us. Please contact us with credit card information at
508-693-2568.

Please contact me about: ☐ Volunteer Opportunities ☐ Planned Giving

Name for Donor Recognition: _____ ☐ I wish to remain anonymous

Campaigner Name: _____