

Capital Campaign Major Gift Pledge Form

Thank you for your generous support. Please print, complete, and return this form to the development office.

Donor Information

Donor Name(s):
Billing Address:
City:
State / Province:
Postal / Zip Code:
Phone Number:
Email Address:

Pledge Commitment

Total Pledge Amount (\$):
Initial Payment Amount (\$):
Balance Remaining (\$):

Payment Schedule & Preferences

Please specify how you would like to fulfill the remaining balance:

Payment Frequency (e.g., Monthly, Quarterly, Annually):
Number of Installments / Years:
First Payment Start Date (MM/DD/YYYY):

Recognition

Please print your name(s) exactly as you wish to be recognized in campaign publications:

Type "ANONYMOUS" here if you wish for your gift to remain private:

Authorization & Signature

By signing below, I/we acknowledge this pledge commitment to the Capital Campaign.

Donor Signature: Date:

Co-Donor Signature (if applicable): Date: