

# Annual Corporate Giving Pledge Form

Please complete this form to print and submit your annual corporate giving pledge. Thank you for your generous support.

## 1. Corporate Information

Company Name:

Contact Person (Name & Title):

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 2. Pledge Information

Total Pledge Amount (USD):

Payment Schedule (e.g., One-time, Quarterly, Monthly):

Pledge Start Date (MM/DD/YYYY):

Designation/Purpose (e.g., Unrestricted, Specific Program):

## 3. Recognition

Please list our company name as:

Type "YES" if you wish for this gift to remain anonymous:

## 4. Authorization & Agreement

By signing below, the company commits to fulfilling the pledge amount described above according to the specified schedule.

Authorized Representative Name:

Signature (To be signed physically upon printing):

Date (MM/DD/YYYY):