

Capital Campaign Pledge Commitment Form

Thank you for your generous support of our Capital Campaign. Please complete and print this form to document your pledge commitment.

1. Donor Information

Donor Name (Individual or Organization):

Contact Person (if Organization):

Billing Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Pledge Commitment Details

Total Pledge Amount (\$):

Initial Payment Enclosed (\$):

Remaining Balance (\$):

Payment Frequency (e.g., Single Payment, Monthly, Quarterly, Annually):

Over a Period of (e.g., 1 Year, 3 Years, 5 Years):

Start Date for Payments (MM/DD/YYYY):

3. Acknowledgement & Recognition

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

If you wish to remain anonymous, please type "ANONYMOUS" here:

4. Authorization & Signature

By signing below, I/we commit to the pledge specified above to support the Capital Campaign.

Donor Signature:

(For physical signature after printing)

Date (MM/DD/YYYY):