



Pledge Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card bank draft.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Please contact me at _____ to set up a bank draft for my donation.

Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Moundridge Community Foundation
PO Box 345
Moundridge, KS 67107

ALL PLEDGES MUST BE COMPLETED BY DECEMBER 31, 2017 IN ORDER TO QUALIFY FOR THE MATCH.

The Moundridge Community Foundation is an affiliate of the McPherson County Community Foundation.