## **Capital Campaign Pledge Form**



## **Donor Information**

| NAME (LAST, FIRST, M.I.)   |                  |                                  | BUSINESS NAME (if donation is not personal)                              |           |                |  |
|--|------------------|----------------------------------|--|-----------|----------------|--|
|  |                  |                                  |  |           |                |  |
| STREET ADDRESS   |                  |                                  | EMAIL  |           |                |  |
|  |                  |                                  |  |           |                |  |
| CITY, STATE, ZIP   |                  |                                  | PHONE  |           |                |  |
|  |                  |                                  |  |           |                |  |
|  |                  |                                  |  |           |                |  |
| Donation Descripti   | ion              |                                  |  |           |                |  |
| AMOUNT OF PLEDGE   | FULFILLED OVER   | PAYMENT FREQUENCY                |  |           |                |  |
| \$   | (# of years)     | □ MONTHLY □ QUARTERLY □ ANNUALLY |  |           |                |  |
|  |                  | □ OTHER (Please specify)         |  |           |                |  |
| PAYABLE VIA  |                  | BEGINNIN                         | BEGINNING (Month/Year)   |           |                |  |
| □ CHECK □ ACH  | ☐ CREDIT CARD    |                                  |  |           |                |  |
| NAME FOR RECOGNITIO  | N                |                                  |  |           |                |  |
|  |                  |                                  | ☐ IN HONOR OF  | □ REN     | MAIN ANONYMOUS |  |
| At any time in the f   |                  |                                  | y be adjusted by the donor with notic<br>e to the extent allowed by law. | e given t | o PAWS & More. |  |
| Credit Card Author   | rization         |                                  |  |           |                |  |
| TYPE OF CARD   |                  |                                  |  |           |                |  |
| ☐ MASTERCARD   | □ VISA □ DISCOVI | ER                               |  |           |                |  |
| CREDIT CARD NUMBER   |                  |                                  | EXPIRATION (Month/Year) 3-   |           | 3-DIGIT CODE   |  |
| NAME ON CARD   |                  |                                  |  |           |                |  |
|  |                  |                                  |  |           |                |  |
|  |                  |                                  |  |           |                |  |
|  |                  |                                  |  |           |                |  |
| Donor Signature  |                  |                                  |  |           |                |  |
| Your signature and date are required to comply with recommended accounting procedures. |                  |                                  |  |           |                |  |
| SIGNATURE  |                  |                                  |  | DATE      |                |  |
|  |                  |                                  |  |           |                |  |

Please mail your completed pledge form to: PAWS & More 1004 ½ W Madison St Washington, IA 52353 Questions? Please contact us at: (319) 653-6713 pawsboard1978@gmail.com