



# Campaign Pledge Agreement Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Total Pledge \$ \_\_\_\_\_ Paid Herewith \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Matching Gift? List Org Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Installment Options:</b>			
<input type="checkbox"/> One Payment		\$	_____
<input type="checkbox"/> Annual Payments ~ over 1-3 years	First Year	\$	_____
	Second Year	\$	_____
	Third Year	\$	_____
<input type="checkbox"/> Monthly Payments (Credit Card Only)	First Year	\$	_____
	Second Year	\$	_____
	Third Year	\$	_____
<b>Payment Options: (please check one):</b>			
Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Other <input type="checkbox"/>
Card Number:	_____	Exp. Date:	_____ Security Code: _____
Signature _____	Circle One: MC / Visa / Amex		

Month in which you wish to be sent a reminder for Annual Payments: \_\_\_\_\_

I wish to have my credit card charged annually for pledge:  Month of Charge \_\_\_\_\_

You may use my/our name in campaign printed materials: Yes  No

Print name/s to appear campaign material \_\_\_\_\_

This gift is in (circle one) Honor/Memory of \_\_\_\_\_

### DONOR RECOGNITION

The campaign intends to recognize, separately, Faith Communities and Organizations whose members individually join together to contribute to an overall gift to the campaign. If you would like your pledge/gift to reflect an affiliation, please enter your Faith Community or Organization below.

HEARTS OF FAITH (Faith Communities) \_\_\_\_\_

HEARTS OF ARLINGTON (Organizations) \_\_\_\_\_