

# PLEDGE FORM



The Mourning Family Foundation/Overtown Youth Center Capital Campaign is to develop and execute a systematic strategy to fundraising efforts for the build and expansion of the Overtown Youth Center's existing facility.

## Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, Street, Zip \_\_\_\_\_  
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  other.

**Name of Bank:** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Routing number:** \_\_\_\_\_

**Authorized signature:** \_\_\_\_\_

Gift will be matched by (Company/Family/Foundation) \_\_\_\_\_

form enclosed  form will be forwarded

## Pay By Credit Card:

Credit Card Account Number: \_\_\_\_\_

Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip: \_\_\_\_\_

Security Code \_\_\_\_\_ Is the card the same name as on this form? YES or NO

## Acknowledgement Information

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

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

Signature(s)

Date

Make Checks payable to: **Mourning Family Foundation Capital Campaign**