



CAPACITY CAMPAIGN PLEDGE FORM

Donor(s) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Email _____

PLEDGE INFORMATION

YES, I (we) want to contribute to Great Dreams Capacity Campaign

I (we) have enclosed a gift of \$ _____

I (we) wish to pledge this amount \$ _____

to be paid over 1 2 3 year(s) monthly yearly

CONTRIBUTION FORM

I (we) plan to make my (our) contribution in the form of:

cash check credit card stock property other _____

*For stock transfers or property donation or estate gifts,
please contact GreatDreams@tubman.org*

Please charge my gift to VISA, MASTERCARD, DISCOVER or AMEX

You may also enter information online at www.tubman.org/great-dreams-campaign.html

Card No. _____

Exp. Date _____ Sec Code _____

Name on Card _____

I (we) wish to make a gift by direct electronic funds transfer (EFT) from my (our) checking or savings account. (You will be mailed an authorization form.)

My (our) gift will be matched by _____

Matching gift form enclosed

Matching gift form will be forwarded via mail or email

My (our) gift is given in honor/memory of _____

Signature _____ Date _____