

MT. ANGEL COMMUNITY BUILDING PLEDGE FORM

Mt. Angel Community Foundation

Non-profit Identification Number: 93-1205915

Donor Information (please print or type)

Name	
Billing address	
City, State, Zip	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail Address	

Pledge Information

I (we) pledge: ___ \$250 ___ \$500 ___ \$1,000 \$ _____ other

To be paid: ___ Enclosed ___ Monthly ___ Quarterly
___ Annually - over the next **one** year ___ or **two** years ___

Contribution in the form of: ___ Cash ___ Check ___ Credit Card ___ Other

___ In Kind Materials/Service (*provide description*): _____

Instructions for contribution (*if necessary*): _____

Credit Card Payment Information

Credit Card Type	Visa: _____ MasterCard: _____ Other: _____
Credit Card Number	Expiration Date: _____
Authorized Signature	Date: _____

Acknowledgement Information

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

_____ I (we) wish to have our gift remain anonymous.	
Signature: _____	Date: _____

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

Mt. Angel Community Foundation
PO Box 881 • Mt. Angel, OR 97362
Email: mtangelcommfnd@gmail.com
Website: www.mtangelcommfnd.org