



The Greater Eastover Neighborhood Foundation
Capital Campaign for Gates
Pledge Form

I commit to a

- multi-year pledge of _____ per year for ____ years.
(to be received by December 31st of each year)
- bi-annual pledge of _____ twice a year for ____ years.
(to be received by June 30th and December 31st each year)
- quarterly pledge of _____ per quarter for ____ years.
(to be received by March 30th, June 30th, September 30th, and December 31st each year)
- monthly pledge of _____ each month for ____ years.

Preferred Phone: _____ Preferred Email: _____

I have enclosed a check payable to The Greater Eastover Neighborhood Foundation, Inc.

I would like to give by credit card:

___ Visa ___ MasterCard ___ AmEx ___ Discover

Credit Card# _____ Expiration Date _____ Security Code _____

I would like to pay by bank draft. **Please include a voided check.**

I understand my account will be drafted or my credit card charged as indicated above.

This is a voluntary donation to The Greater Eastover Foundation for the Capital Campaign for Gates.

Name as it appears on the card or account. _____

Signature _____

Billing Address _____ City _____ State _____ Zip _____

My gift will be matched by _____. Please visit your personnel office for a matching gift form.

Thank you for completing and returning this form in the enclosed envelope.

