



Campaign Pledge Form

DONOR INFORMATION:

Donor Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____

- I (we) give HSNCF to use my (our) names as listed above for donor recognition
 I (we) wish to remain anonymous

PLEDGE INFORMATION:

- I (we) would like to make a one-time gift of: \$ _____
 I (we) wish to this amount: \$ _____ to be over :
 1 year 2 years 3 years

PAYMENT INFORMATION:

- I (we) plan to make my (our) contribution in the form of:
 Check Cash Stock Credit Card
 Please charge my credit card:

Card No. _____

Exp. Date _____ Sec. Code _____

Name on Card _____

Signature _____

EMPLOYER MATCH:

- My employer _____ will match my gift. I will initiate the procedure right away by completing the matching gift form(s).

DONOR SIGNATURE(S):

Signature(s) _____

Date _____