

## CENTRALIA COMMUNITY FOUNDATION PLEDGE FORM

### DONOR INFORMATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company/Employer \_\_\_\_\_ Building/Dept. \_\_\_\_\_

Please provide your email address and we will send you monthly news and updates about our progress in the community.

Email \_\_\_\_\_

### PAYMENT OPTIONS

**OPTION 1:**  **Payroll Deductions** *(for workplace contributions only)*

I will contribute: \$ \_\_\_\_\_ per pay period:

Continuous, or  Number of pay periods \_\_\_\_\_

My pay period is:  Weekly  Every 2 weeks  Two times/month  Monthly

**My Total Annual Gift is:** \$ \_\_\_\_\_

**OPTION 2:**  **Bill Me At Home** Total Yearly Pledge \$ \_\_\_\_\_  One Time  Quarterly  Monthly

**OPTION 3:**  **Cash Gift** I am enclosing my total gift \$ \_\_\_\_\_  Cash  Check  
*(payable to Centralia Community Foundation)*

**OPTION 4:**  **Charge** Total Yearly Gift \$ \_\_\_\_\_  Charge My Card Once  Quarterly  
 Monthly  Visa  MasterCard

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I would like to remain anonymous. Other than required IRS information, please do not include my name in any other forms of Centralia Community Foundation recognition.

I would like more information about planned giving.

► **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

No goods or services were provided in exchange for this contribution. You will need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization to substantiate and claim a tax deduction.