



# Marksbury Family Branch Capital Campaign Pledge Form

## Donor Information (please print or type)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_.

I (we) will fulfill this pledge with a one-time payment on \_\_\_\_\_(date).

I (we) will fulfill this pledge through  annual  semi-annual  quarterly  monthly payments of \$\_\_\_\_\_ beginning on (date)\_\_\_\_\_.

I (we) plan to make this contribution in the form of: check credit card  stock transfers  other:

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed form will be forwarded

## Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Gifts can be made online at:**  
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Village/Marksbury Capital Campaign as the fund.



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Questions? Please contact Anne Donworth  
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