



FEMAP Foundation

CAPITAL CAMPAIGN PLEDGE FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

I/we _____ commit the total sum of \$ _____

In-kind Donation of _____

Total Amount Pledged _____

This is a pledge payable as follows:

June 30, 2015 \$ _____

June 30, 2016 \$ _____

June 30, 2017 \$ _____

June 30, 2018 \$ _____

June 30, 2019 \$ _____

Enclosed is an initial check for first installment. Amount enclosed: \$ _____

Please charge my gift to Visa MasterCard American Express Discover

Account Number _____ Expiration Date _____

This is a joint gift. Please also credit

(Name of person)

I wish to make this gift anonymously

I have enclosed my employer's matching gift form.

Date _____

Donor Signature

Amendments/Changed Circumstances: This agreement may be modified, altered, or amended with written consent of the donor and the benefiting organization.

*Contributions to the FEMAP Foundation are deductible as provided in section 170 of the Internal Revenue Code. The FEMAP Foundation is a tax-exempt organization (EIN# 74-2646952) under Section 501 (c)(3) of the Internal Revenue Code. No goods or services were received by the donor.