



Pledge Form

Donor 1: _____

Donor 2: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge the Community Foundation of Crawford County (the "Foundation") accepts and will act in reliance upon to begin this project. I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Indiana. The Foundation is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Foundation's federal tax identification number is 20-0834966. Donations are tax-deductible to the extent allowed by law.

Donor Signature: _____

Date: _____

Donor Signature: _____

Date: _____

Terms of Pledge

Total Amount of Pledge:

\$ _____

Pledge to be paid as follows:

I am supporting the foundation today with the gift of:

\$ _____

Single year payment of pledge:

\$ _____

Beginning on (date): _____

Multi year payment of pledge:

\$ _____

Beginning on (date): _____

To be paid over (yrs): _____

Please bill me: Annually

Monthly

Quarterly

Other: _____

Method of Payment(s)

Check payable to:

Community Foundation of
Crawford County

Please charge my:

Credit Card Number _____

Expires: _____

Sec. Code: _____

Planned Gifts and Stock:

Please contact the Foundation for more information.

Other: _____

Employer/Association Match

My/Our gift will be matched by:

Matching gift enclosed

Matching gift form will be sent

Public Recognition

The Foundation may publicly acknowledge my commitment: Yes No

This gift commitment is made in honor/memory of: _____

Please send notification of my honorary/memorial gift to:

Name: _____

Address: _____

City, State, Zip: _____

Special Instructions: _____

Return this form to the mailing or email address listed below, please.

Thank you for your charitable contribution.

4030 East Goodman Ridge Road, Box D, Marengo, IN 47140

P. 812.365.2900 | CF-CC@CF-CC.org | www.CF-CC.org

You may also give online at <http://www.cf-cc.org/donate-now.html>.