

CAPITAL CAMPAIGN PLEDGE FORM

DONOR INFORMATION:

Date: _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (business) _____

Cellular _____ Email _____

PLEDGE INFORMATION:

I (we) hereby contribute to HRDC for their Capital Campaign.

I (we) pledge a total of \$ _____ Enclosed _____ Pledged _____

I (we) wish to have this donation spread over 1 2 3 year(s) other _____

Please bill me beginning _____

and thereafter monthly quarterly yearly other _____

CONTRIBUTION FORM:

I (we) plan to make our contributions in the form of: cash check credit card

Please charge my credit card VISA MC

Card Number _____ Exp. Date _____

Authorized Signature _____

MATCHING CONTRIBUTIONS:

My employer may match by contribution. Please contact:

Company Name: _____

Contact Person: _____

Phone Number: _____

LISTING:

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

I (we) wish to have our gift remain anonymous

Mail pledges and payments to: HRDC, 19 Frederick Street, Cumberland, MD 21502

Questions? Please contact Dan Lewellen, HRDC Deputy Director 301-777-5970, ext. 107, dlewellen@alconet.org

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