

LEAGUE PARTNERSHIP PLEDGE FORM

DONOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

ONE TIME GIFT

AMOUNT: _____

GIFT WILL BE MATCHED BY: _____

RECURRING GIFT

AMOUNT: _____

FREQUENCY: _____

PAYMENT

CHECK CREDIT CARD (Visa American Express Mastercard Other)

CREDIT CARD # _____

EXP. DATE _____ SECURITY CODE: _____

STOCK TRANSFER *(Please contact Partnerships@JLSpokane.org for more information about initiating a stock transfer.)*

I PLAN TO MAKE A GRANT RECOMMENDATION FOR THE AMOUNT OUTLINED ABOVE FROM THE FOLLOWING DONOR-ADVISED FUND OR PRIVATE FOUNDATION:

RECOGNITION

NAME TO USE ON ALL ACKNOWLEDGEMENTS: _____

I WANT THIS GIFT TO BE ANONYMOUS

IN MEMORY/HONOR OF: _____

DONOR SIGNATURE

DATE