



# Gift and Pledge Form

ACHIEVING THE DREAM

## Donor Information

Donor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift/Pledge

I approve the use of my name in a published list of donors.  **Do not** use my name in a published list of donors.

Total Amount of Gift or Pledge: \$ \_\_\_\_\_

Area of greatest need

General Scholarships

Book Scholarships

Other (please specify) \_\_\_\_\_

One-Time Gift

Pledge Period: \_\_\_\_\_ years Payments of: \$ \_\_\_\_\_ will begin on \_\_\_\_\_ (date) and continue

Monthly  Quarterly  Semi-Annually  Annually

## Payment Options:

Check made payable to COM Foundation

Visa or  MasterCard

Billing address same as above or

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Please charge each pledge payment to the credit card provided above:  Yes  No

## Gift Information

This gift is given  in memory of or  in honor of: \_\_\_\_\_

This gift is eligible for a matching gift by: \_\_\_\_\_

*Company Name (please include form)*

## Planned Giving

I am thinking about including COM in my will or estate plan. I would like someone to call me with more information.

I have already included COM in my will or estate plan.

\_\_\_\_\_

Donor(s) Signature(s)

\_\_\_\_\_

Date