

# MT. ANGEL COMMUNITY BUILDING PLEDGE FORM

Mt. Angel Community Foundation

Non-profit Identification Number: 93-1205915

*Donor Information (please print or type)*

Name	
Billing address	
City, State, Zip	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail Address	

## Pledge Information

**I (we) pledge:**     \$250     \$500     \$1,000    \$ \_\_\_\_\_ other

**To be paid:**     Enclosed     Monthly     Quarterly  
                    Annually - over the next **one** year \_\_\_\_\_ or **two** years \_\_\_\_\_

**Contribution in the form of:**     Cash     Check     Credit Card     Other

In Kind Materials/Service (*provide description*): \_\_\_\_\_

**Instructions for contribution (*if necessary*):** \_\_\_\_\_

## Credit Card Payment Information

Credit Card Type	Visa: _____    MasterCard: _____    Other: _____
Credit Card Number	Expiration Date: _____
Authorized Signature	Date: _____

## Acknowledgement Information

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

<input type="checkbox"/> I (we) wish to have our gift remain anonymous.
Signature: _____ Date: _____

Please make checks, corporate matches, or other gifts payable to:

**Mt. Angel Community Foundation**  
**PO Box 881 • Mt. Angel, OR 97362**  
**Email: [mtangelcommfnd@gmail.com](mailto:mtangelcommfnd@gmail.com)**  
**Website: [www.mtangelcommfnd.org](http://www.mtangelcommfnd.org)**