

CAMP FIRE SNOHOMISH COUNTY

Capital Campaign Pledge Form



DONOR INFORMATION

Please Type or Print When Completing This Form

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

DONATION INFORMATION

I (we) want to make a tax deductible donation to Camp Fire Snohomish County Capital Campaign

I (we) pledge a total of \$ _____ amount enclosed \$ _____ leaving a balance of \$ _____

I (we) wish to pay this pledge over 1 2 3 Year (s) Other specify _____

Please send reminders Monthly Quarterly Semi-Annually Annually Beginning _____

CONTRIBUTION FORM

I (we) pledge to make this contribution in the form of Cash Check Credit Card Stock

Other, please designate _____

CREDIT CARD FORM

Visa MasterCard

Number _____ Expiration Date _____

Name on Card _____ Zip Code for Billing Address _____

Authorized Signature _____

MATCHING GIFT

My gift will be matched by Company Foundation Family Other Specify _____

Matching gift form is Enclosed Will be sent to Camp Fire by - Date _____

DONOR RECOGNITION

My donation may be recognized in campaign materials unless I indicate here it is to be anonymous. Indicate Anonymous

My donation is made in Memory of Honor of Appreciation of Naming Opportunity

Indicate Name _____

DONOR SIGNATURE(S)

Please Sign Here _____ Date _____

I (we) would like more information on Will/Estate designation Planned giving

Please make checks payable to **Camp Fire Snohomish County Capital** and mail to address below.
 For questions, contact Dave Surface, Executive Director, or Christa Pugh, Capital Campaign Director.

All of us at Camp Fire Snohomish County say, "Thank You for putting your Caring Into Action."