



## Pledge Form | Forbush Corner Nordic

### Donor Information:

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Birth Date(s): \_\_\_\_\_

### Recognition Information:

Please state your name(s) as you would prefer for recognition purposes:

\_\_\_\_\_ OR \_\_\_ I prefer to give this gift anonymously.  
(e.g. Mr. and Mrs. John Doe)

### Gift or Pledge Information:

\_\_\_\_\_ I am making a **Single Gift** to this campaign in the amount of: \$ \_\_\_\_\_

\_\_\_\_\_ I am making a **Pledge** to this campaign in the amount of: \$ \_\_\_\_\_

My pledge is to be paid over (select one):      One year (2024)      Two years (2024-2025)      Three years (2024-2026)

My first pledge payment will be given on: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
(date)

Recurring gifts to complete the pledge will be (circle one):      Monthly      Quarterly      Bi-annually      Annually  
In the amount of: \$ \_\_\_\_\_ (note: pledge reminders will be sent out quarterly for all non annual payment schedules)

\_\_\_\_\_ Please see my enclosed check

\_\_\_\_\_ Please charge my credit card per the terms indicated above.

MasterCard       Visa       Discover       American Express

Account Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

By signing below I acknowledge the pledge and gift terms identified above.

**DONOR SIGNATURE(S)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

*Completed forms can be returned to P.O. Box 118, Gaylord MI 49734.  
Following the completion of the Pledge Form, Forbush will send a pledge acceptance letter with  
all above details confirmed.*