

# PLEDGE FORM

## Please Mail Or Scan/Email This Form To Campaign Office

I/We wish to make a gift to The Pregnancy Care Center of Catawba Valley and I/We commit the following:

Total Amount of Gift: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Payable:**  One-Time  Over 1 Year  Over 2 Years  Over 3 Years  Over 4 Years  Over 5 Years

Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Schedule:**  Monthly  Quarterly  Semi-Annually  Annually

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Check One:**  Personal Gift  Corporate Gift | Name: \_\_\_\_\_

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

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

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

**Credit Card**  Visa  Master Card  Amex

CC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV#: \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Donor Recognition, my name/company name will be listed as I have written Above

I wish to remain anonymous

My gift is in Honor/Memory of: \_\_\_\_\_

**PCC welcomes a gift of stock toward the capital campaign project as this can help PCC to meet the need and provide benefits to the donor. Please make checks payable to Pregnancy Care Center of Catawba Valley**

**Questions about your pledge or Interested in making an estate gift? Contact [Onpurpose@pcchickory.com](mailto:Onpurpose@pcchickory.com)**

### For Office Use Only:

Appeal \_\_\_\_\_ ID# \_\_\_\_\_ Requested Entered (Date) \_\_\_\_\_

PCC Contact: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



The Pregnancy Care Center of Catawba Valley is a 501(c)(3) tax-exempt organization. Gifts are tax deductible to the extent provided by law.

The Pregnancy Care Center of Catawba Valley EIN #56-1496108