

PLEDGE CARD



PO BOX 563
BEMIDJI, MN 56619
PHONE:218-444-1395

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred phone: _____ (circle: cell / work / home)

Alternate phone: _____ (circle: cell / work / home)

Email: _____

I/We would like to make a significant impact on the safety of others by contributing to the capital campaign to make a new domestic violence shelter possible in Bemidji providing emergency crisis shelter, advocacy and services for victims of intimate partner violence with a gift in the sum of \$_____.

TERMS OF PLEDGE

_____ This pledge will be paid in one installment on or before _____

_____ This pledge will be made over a period of _____ years

Installments will be \$_____

Payable: _____ annually _____ quarterly _____ monthly

Start Date: _____

Send reminders: _____ annually _____ quarterly

GIFT INFO

Recognition - please print name(s) as you wish to appear for recognition purposes:

Named Area: _____

Signage Wording: _____

My gift is in memory / honor of: _____

SIGNATURES

Donor Signature/Date

Donor Signature/Date

NBWS Representative Signature/Date