

ORGANIZATIONAL PLEDGE COMMITMENT

DONOR INFORMATION

ORGANIZATIONAL NAM	E		ORGANIZATIONAL	ORGANIZATIONAL CONTACT NAME		
ADDRESS			TITLE/POSITION			
CITY	STATE	ZIP	PHONE	EMAIL		
PLEDGE INFORM	ATION (NOT TO EXCEED 5 YEA	ARS)				
Total Amount Fund name or pur		se			Endowed?	
\$					Yes 🗌 No	
I/we would like to r	nake pledge payments 🗌 A	Annually 🗌 Qua	rterly 🗌 Monthly			
in the amount of: \$	for a pe	eriod of	🗌 Years 🗌 Moi	nths		
beginning:	(mm/yy) *Recurri	ng credit card pledg	es will begin automaticall	У		
*Must be equ	nt amount (if different than i al amounts for each installment			*		
	ge reminders to the address vill not be sent if recurring credit ca					
I/we would like	e to make my first pledge pa	yment totaling \$	r	าอพ		
PAYMENT INFOR	MATION					
 Please bill my Please charge in each billing 	(Contact Yelena Isakova in t credit card for the first insta my credit card for all my ple cycle. Recurring payment ar	llment of \$ edge payments. I	understand that my	-	tomatically charged	
└── VISA └── Mastercard		CARD NUMBER			EXP DATE (mm/yy)	
American Express Discover		FULL NAME ON (CREDIT CARD			
		SIGNATURE (required to validate payment)				
RECOGNITION PR	REFERENCES					
l/we request u	use of this name for all recog	gnition materials	:			
I/we request t	o remain anonymous in all p	printed and onlin	e materials			
	l this pledge by payments in any given year			vear pledge, but reser	ve the right to	
Donor		Donor		Da	ate	
	e as specified in IRS regulations. Pur of Washington. For information call				ole organization with the	
Gift Services Use Only	Donor ID:	Spc	ouse ID:			
	Staff Name:	Allo	cation/Budget:			