



Pledge Form

Name:

Address:

City:

State:

Zip Code:

Country:

Phone:

Email:

I/We pledge \$ _____ in support of the Campus of the Future Development Fund.

This contribution will be paid in full by

Installment 1: \$ _____ by _____

Installment 2: \$ _____ by _____

Installment 3: \$ _____ by _____

Please send me payment reminders.

Please use the following name(s) in all acknowledgments of the gift:

Signed _____

Date _____

Please email signed form to giving@gisny.org or drop it off in the main office.