



# CAPITAL CAMPAIGN

# FOR GREAT MINDS

## DONOR INFORMATION

Full Name: \_\_\_\_\_

Company/Organization:  
(If Applicable) \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

## PLEDGE INFORMATION

Pledge Amount: \$ \_\_\_\_\_

This commitment will be fulfilled in a single installment on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

This commitment will be fulfilled over a period of \_\_\_\_\_ years beginning \_\_\_\_\_ / \_\_\_\_\_ (Day/Year)  
Payment will be (Select a payment schedule below):

Annually on: \_\_\_\_\_  Semi-Annually (June, December)  Quarterly (March, June, October, December)  
Month

Pledge Amount funded through:

Cash/Check

Debit/Credit: \_\_\_\_\_  
Card Number Exp. Date Code Signature

## SIGNATURES

_____	_____	_____
Donor Name (PRINT)	Donor Name (SIGNATURE)	Date
_____	_____	_____
Donor Name (PRINT)	Donor Name (SIGNATURE)	Date