

Pledge Agreement

Protect Our Future~ Preserve Our Heritage Campaign



Philadelphia Skating Club
& Humane Society

1. DONOR INFORMATION

Title: Mr. Mrs. Ms. Dr. Rev.

Name: _____ Is this an: Organization or Individual? (check one)

Spouse Name: _____

If an organization, please provide contact name _____

Address: _____ City, State, Zip Code: _____

Tel (home): _____ Tel (business): _____

Tel (mobile): _____ Email: _____

2. GIFT/PLEDGE INFORMATION

TOTAL GIFT \$ _____

We/I would like to make a one-time payment for the total gift amount

2A

Full payment enclosed Invoice/charge me for the total gift amount on ____/____/____ (DD/MM/YY)

We/I would like to honor our/my gift over a period of _____ years

2B

Pledge payment start date ____/____ (MM/YY) (Payments are processed on the first business day of every month)

We/I would like to make payments Annually Semi-Annually Quarterly Monthly

with equal payment installments of \$ _____

3. PAYMENT METHOD/INFORMATION

Check (payable to The Philadelphia Skating Club and Humane Society)

Direct Withdrawal (please include a VOID check)

Debit Card Visa Debit MasterCard Debit

Credit Card Visa MasterCard Discover AMEX (due to elevated fees, AMEX is the least preferred option)

Gift of securities, stocks or bonds (Estimated value \$ _____)

Other: _____

Credit Card / Debit Card Information:

Name (as it appears on card): _____

Card Number: _____ Exp.: ____/____ (MM/YY) CVV: _____

Signature: _____ Date: _____

4. RECOGNITION

For the purpose of donor recognition, please acknowledge this gift in the name(s) of:

We/I wish to remain anonymous

Signature (Donor) _____ Printed Name (Donor) _____ Date: _____

Signature (Donor) _____ Printed Name (Donor) _____ Date: _____

Note: All gifts and pledges to the Protect Our Future ~ Preserve Our Heritage Campaign will be used exclusively for the priorities detailed in the campaign case for support. Please contact Mary Mycek, Office Manager, with any questions or concerns – (610) 642-8700 or pschs@pschs.org