

# GIFT/PLEDGE FORM



## Donor Information

Print Name(s) \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Gift Recognition

Please list my/our name as follows: \_\_\_\_\_.

I/We wish to remain anonymous; do not include my/our name in any donor listing.

I/We wish to discuss naming options.

## Outright Gift

I/We wish to make an outright gift of \$\_\_\_\_\_ payable to "Anne Carlsen" (Check enclosed).

I/We wish to charge this gift of \$\_\_\_\_\_ to my/our credit card.

Card number: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_  Visa  Mastercard  Discover  American Express

Or contact your Anne Carlsen Foundation team member.

## Pledge

I/We wish to pledge a total gift of \$\_\_\_\_\_ (Pledge reminders will be sent)

Paid in equal intallments of \$\_\_\_\_\_  Monthly  Semi-annually  Annually

Beginning \_\_\_\_\_ (mo/yr) for \_\_\_\_\_ years (Not to exceed 5 years).

My/Our first pledge installment is enclosed.

I/We would like to automate my/our pledge through recurring ACH or credit card payments  
(a Foundation team member will contact you).

## Gift Designation

I/We wish my/our gift to be designated to:

Anne Carlsen Programs

Anne Carlsen Endowment

Other: \_\_\_\_\_

Donor Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

*(Sign here for pledges)*

\_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support of Anne Carlsen!**