

## Pledge Agreement Form

### DONOR INFORMATION:

Name as you would like to be recognized: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

### BUSINESS INFORMATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

### PLEDGE INFORMATION:

Please allocate my pledge of \$  to:

- Unrestricted
- President's Circle
- Endowed Fund (Name): \_\_\_\_\_
- Other (Name): \_\_\_\_\_

My gift will be matched by: \_\_\_\_\_  my employer  my significant other's employer

Special instructions: \_\_\_\_\_

### PAYMENT INFORMATION:

#### The payment schedule I prefer is:

- annual payments of \$  to begin
- quarterly payments of \$  to begin
- monthly payments of \$  to begin
- Other:

#### My preferred method of payment is:

- Check made payable to the Santa Rosa Junior College Foundation
- shares of  stock
- Payroll Deduction (SRJC Employees only)
- Recurring credit card payments can be accepted online at: [www.santarosa.edu/foundation](http://www.santarosa.edu/foundation)

### PLEDGE AUTHORIZATION:

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