Capital Campaign Pledge Form

Donor Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Naming Opportunity: _____

Total Pledge Amount: $_____

Pledge Period: 1 Year ☐ 2 Years ☐ 3 Years ☐

Installment Amount: $_____

Billed: Monthly ☐ Annually ☐

Payment Method:

☐ **Credit Card**

Name on Card: _____ Expiration: _____

Card #: _____ CVV Code: _____ Billing Zip: _____

☐ **Check** *Please make checks payable to:*
Partners in Learning
1775 S Martin Luther King Jr. Ave, Salisbury, NC 28144

☐ **Online Donation**

Donor Signature _____ **Date** _____

Your donation to Partners in Learning is fully tax-deductible to the extent allowed by law. No goods or services in consideration, in whole or in part, were provided to you for this contribution. Our tax ID is: 562116380