

LEAGUE PARTNERSHIP PLEDGE FORM



DONOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: home work cell _____

EMAIL: _____

ONE-TIME GIFT

AMOUNT: _____

GIFT WILL BE MATCHED BY: _____
company/foundation/family

PAYMENT

CHECK CREDIT CARD (Visa American Express Mastercard Other)

CREDIT CARD # _____

EXP. DATE: _____ SECURITY CODE: _____

STOCK TRANSFER (please contact partnerships@jlspokane.org to get more information about initiating a stock transfer)

I PLAN TO MAKE A GRANT RECOMMENDATION FOR THE AMOUNT OUTLINED ABOVE FROM THE FOLLOWING DONOR-ADVISED FUND OR PRIVATE FOUNDATION:

RECOGNITION

NAME TO USE ON ALL ACKNOWLEDGEMENTS: _____

I WANT THIS GIFT TO BE ANONYMOUS

IN MEMORY/HONOR OF: _____

DONOR SIGNATURE

DATE