

**DONATION/PLEDGE FORM**

**Name:** \_\_\_\_\_

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

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

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

- I/we would like to make a gift of \$\_\_\_\_\_ and my payment enclosed (see payment section below)
- I/we would like to make a pledge of \$\_\_\_\_\_ and I would like to pay this on \_\_\_\_\_ (date).
- I/we would like to make a pledge of \$\_\_\_\_\_ to be paid annually for \_\_\_\_\_ years.
- I/we would like to make a pledge of \$\_\_\_\_\_ to be paid quarterly/monthly (circle one), starting on \_\_\_\_\_ (date) until pledge is fulfilled.
- I/we would like to make an in-kind donation. Please contact me/us regarding my idea.

**NOTE:** Think Small staff will send reminders prior to pledge payment date(s).

**Payment Information:**

- Check
- Money Order
- Credit Card (Visa/MasterCard or American Express)

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_

- I'd like to pay with a gift of securities- Please contact Think Small staff.
- My/our gift is in memory of: \_\_\_\_\_
- My /our gift is in honor of: \_\_\_\_\_
- Please send acknowledgement to: \_\_\_\_\_

\_\_\_\_\_ My /our contribution is eligible for a matching gift. Please contact me.

If you have any further questions please contact our Development office at 651-641-3545.

***Thank you for your support!***