

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.

*Think Small is a non-profit 501(c) 3 organization within the State of Minnesota.
All donations are deductible to the full extent of the law.
We acknowledge that no goods or services were exchanged for this gift.*

Thank you for your support!