



Donor Information

Name _____

Company (if donation is not personal) _____

Address _____

City, State Zip _____

Home phone _____ Business phone _____

Cell phone _____ Email _____

Pledge Information

I (we) pledge a total of \$_____ for the Capital Campaign at the Council on Aging.

This donation will be fulfilled over 1 2 3 year(s) other*

quarterly semi-annually annually other*

installments of \$_____

beginning (month/year) _____

*Other _____

At any time in the future, frequency of gift fulfillment may be adjusted by the donor with notice given to the Council on Aging.

This donation will be made in the form of check credit card stock

Please charge my credit card MasterCard Visa

Credit card number _____

Credit card security code _____ exp. date _____ / _____

I work for a company that will match my gift _____ (company name)

Donor Recognition Please use the following name(s) in all acknowledgements.

I (we) wish to remain anonymous.

Donor Signature(s) Your signature & date are required to comply with recommended accounting procedures.

_____ (month/day/year)

Please mail your completed pledge form to: Council on Aging 4551 County Home Road Greenville, NC 27858

Questions? Please contact us at: (252) 2752-1717 rzeck@pittcoa.com