

MULTI-YEAR PLEDGE FORM | For gifts exceeding \$1,000 per year

Last Name:	First Name:		MI:	Suffix:
Street Address:	City:		State:	Zip:
Phone:	Home Cell Email		Date of Birth:	
Total Gift Amount:	Branch:			
I anticipate my gift to be matched by (specify company):				
Recurring over: 🗖 5 Years 📮 Ongoing (Until I request cancelation) Beginning:				
Payment options: Auto draft my credit card on the 1st 9th 17th 24th				
Billed every: Year Month Quarter				
Your security is important to us. Please contact us with credit card information at 919-719-9684.				
Please contact me about: Volunteer Opportunities Planned Giving				
Name for Donor Recognition:			us	
Campaigner Name:				