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Pledge Agreement Form

DONOR INFORMATION

Name as you would like to be recognized _____

Address _____ City/State/Zip _____

Phone _____ Email _____

BUSINESS INFORMATION

Business Name _____ Title _____

Address _____ City/State/Zip _____

Phone _____ Email _____

PAYMENT INFORMATION

Duration of Pledge _____

The payment schedule I prefer is:

Annual payments of \$ _____ to begin _____

Quarterly payments of \$ _____ to begin _____

Monthly payments of \$ _____ to begin _____

Other _____

My preferred method of payment is:

Check made payable to Blue Ridge Literacy Council

Charge my VISA Mastercard

Card #: _____ Expiration date: _____

Signature: _____ Date: _____