

100th Anniversary Endowment Pledge Form



NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

May we acknowledge your name(s) in our program? (circle one) Yes / No
Print how you want your name(s) to be listed in the program:

If you choose to make a one-time payment of \$1,500
your commitment to this campaign is complete - Thank you!

· · Full payment now - \$ 1,500

I would like to pay on the following installment plan - can be paid through June 2028, we will bill or take credit card payments up to the total of \$1,500.

.....Monthly payments of _____ suggested - \$25 or more will be paid in full in approximately 5 years

.....Annual payments of _____ suggested - \$ 200 or more will be paid in full in approximately 7 years

Please invoice me for these payments

Please charge my credit card for these installments

Schedule my first installment to be charged ____/____
Month Year

PAYMENT METHOD

I have enclosed a check

Please charge to my credit card

Visa

MasterCard

Discover

CARD # _____ Expiration Date: _____ cvv/cvc/cid CODE: _____

SIGNATURE _____

*Thank you for your
generous donation*



303 E. Main Street
Fort Wayne, IN 46802