## PRINCETON SENIOR RESOURCE CENTER

Lifelong Learning Capital Campaign





## **PHASE II PLEDGE FORM**

## PLEASE MAIL or SCAN/EMAIL THIS FORM TO THE DEVELOPMENT DEPARTMENT

Total Amount of Gift: \$		
Initial Payment: \$		
Balance: \$		
Payable: One-time <i>or</i> Over 1 \	ear 2 Years 3 Years 4 Years 5 Yea	ars Beginning Date: / /
Payment Schedule (choose one):	Monthly / Quarterly / Semi-Annually /	/ Annually
Signature:		Date: / /
Person	nal Gift or Corporate Gift or Bequest (	(please check)
Company/Organization/Fund (if app	opriate):	
Name(s):	Title:	
Address:		
City:	State:	ZIP Code:
ēlephone:	Email:	
	Mastercard, Amex):	
Credit Card (choose one): ( Visa		/ csv#
Credit Card (choose one): ( Visa, CC#:	Exp. date /	/
	Exp. date /	/ СЗУП
CC#:	Exp. date / Email:	/ CSV#

For Donor Recognition, I understand my name/company name will be listed as I have written above.\* I wish to remain Anonymous.

I am interested in the following naming opportunity:

My gift is in Honor/Memory of:

## Please make checks payable to: PSRC

Questions about your pledge? Interested in making an estate gift? Contact Lisa Adler at 609.751.9699, ext. 103 or ladler@princetonsenior.org.

For office use only:

