



Gift and Pledge Form

ACHIEVING THE DREAM

Donor Information

Donor Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Email: _____

Gift/Pledge

I approve the use of my name in a published list of donors. **Do not** use my name in a published list of donors.

Total Amount of Gift or Pledge: \$ _____

Area of greatest need

General Scholarships

Book Scholarships

Other (please specify) _____

One-Time Gift

Pledge Period: _____ years Payments of: \$ _____ will begin on _____ (date) and continue

Monthly

Quarterly

Semi-Annually

Annually

Payment Options:

Check made payable to COM Foundation

Visa or MasterCard

Billing address same as above or

Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. Date: _____ Name on Card: _____

Please charge each pledge payment to the credit card provided above: Yes No

Gift Information

This gift is given in memory of or in honor of: _____

This gift is eligible for a matching gift by: _____

Company Name (please include form)

Planned Giving

I am thinking about including COM in my will or estate plan. I would like someone to call me with more information.

I have already included COM in my will or estate plan.

Donor(s) Signature(s)

Date