## **PLEDGE FORM**



Children's Advocacy Center for Kaufman County PO Box 698 Kaufman, Texas 75142 972/932-6252 kaufmanccac.org

## **PLEDGE FORM**

I'm in! Count on me as a s amount of my gift can be		- :	tal Campaign. I ui	nderstand that the total				
I am proud to make a tota	al pledge/contril	oution of: \$						
Pledge Period: 🗍 1 year	<b>1</b> 2 yea	rs 3 years	4 years	<b>5</b> years				
Please send reminders: Se	mi-annually Ann	ually Other						
Donor Information:								
Business Name:				_				
Name:				_				
Address:				_				
Phone:	_							
Charlebane Store								
_		s a matching gift p						
Communication Prefe	erences							
Children's Advocacy Cen project updates and routi OK for CACKC to keep yo	ne communicat	ions differently. Pled	ase circle all of the					
	Mail	Email	Phone					
Named Gift Opportunities I/we would like to discuss a naming opportunity. Please contact me.								
Tribute Gift Information: Pl	ation: Please make my/our donation							
In	In honor of							
0								
As a capital campaign do	nor, your name	will appear in done	or honor rolls, annu	ual reports, etc.				
Please print your name as	you wish for it to	appear:						
☐ Check here if you	wish to be listed	d as an anonymous	donor in publicati	ions				

There are many ways to pay your pledge and support the Building Hope Capital Campaign. Please indicate below which payment method works best for you.

If you choose cash or check, then the CACKC will send you pledge reminders per your instructions on the front side of this pledge form. If you choose the stock option, then someone from the CACKC will contact you soon by phone and follow-up with additional instructions for your investment professional. If you wish to use the credit card or EFT options, please provide your information in the spaces below.

Payment method:	Check	Cash	Stock	Credit	
Credit Card Informa	ation				
Charge account:	Mast	er Card	Visa	American Express	
Name on Card:					
Account #				Exp. Date	CCV
Please charge my o	card \$	O	ne time A	annually Monthly	
EFT Information					
Name on account:					
Name of financial in	nstitution:_				
City:		St	ate:	Zip:	
Routing Number:					
Account Number: _					
☐ I authorize Child				Kaufman County to deduct fro	om my
By signing this form, yo tion to debit your acc written notice or by su your bank statement of	ou authorize ount as dire obmitting an automatica howing the	Children's ected. This updated lly. Each Jo amount yo	Advocace deduction EFT author anuary you ou have de	y Center for Kaufman County to in will remain in effect until you cho zation form if any information cho will receive a statement from the pnated through our EFT program comentation.	se to cancel giving 15 days Inges. Your gift will appear of Children's Advocacy Cente
Confirming your intent	•				
to support the capital	campaign.	. Your signo	iture not o	pledge to Children's Advocacy ( nly verifies your intent to pledge, b ute any payment instructions that	out it also authorizes the Chil-
	endowment	t, and ope	rating exp	underwrite costs associated with the enses unless otherwise noted. This by assignee.	
	le and cont	ributions a	re tax ded	rempt from federal income tax un uctible to the extent allowed by la acknowledged.	
Signature					

