

Donor Information Name Billing Address City, State, Zip Code Phone Email **Pledge Information** Total amount of pledge \$ Pledge to be paid as follows: ☐ Supporting the capital campaign today with a gift of \$_____ ☐ Single year payment pledge of \$ beginning on date ☐ Multi year payment pledge of \$______ beginning on date _____ to be paid over ______ years (not to exceed five years) Please send a reminder invoice: ☐ Annually ☐ Monthly ☐ Quarterly ☐ Other Credit Card Type | Exp. Date Credit Card Number **Authorized Signature** Will gift be matched? □Yes □No If yes, name of company/family/foundation? □Form Enclosed □Form Will Be Forwarded **Acknowledgement Information** Please use the following name(s) in all acknowledgements: ☐ I/we wish to have our gift remain anonymous. By this pledge, I/we are making a binding commitment to give the amount(s) specified. I/we intend that the terms of this pledge will be legally binding upon and enforceable against me. Shepherd's Foundation is a not for profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

Shepherd's Foundation 5525 Silica Road, Austintown, Ohio 44515 EIN: 34-1758384