

Pledge Agreement Form

DONOR INFORMATION:

Name as you would like to be recognized: _____

Address: _____ City/State: _____ Zip: _____

Home #: _____ Work: _____ E-mail: _____

BUSINESS INFORMATION:

Name: _____ Title: _____

Address _____ Phone: _____ Extension: _____

City/State: _____ Zip: _____ Fax: _____

PLEDGE INFORMATION:

Please allocate my pledge of \$ to:

- Unrestricted
- President's Circle
- Endowed Fund (Name): _____
- Other (Name): _____

My gift will be matched by: _____ my employer my significant other's employer

Special instructions: _____

PAYMENT INFORMATION:

The payment schedule I prefer is:

- annual payments of \$ to begin
- quarterly payments of \$ to begin
- monthly payments of \$ to begin
- Other:

My preferred method of payment is:

- Check made payable to the Santa Rosa Junior College Foundation
- shares of stock
- Payroll Deduction (SRJC Employees only)
- Credit Card payments are accepted online at www.santarosa.edu/foundation. Click Donate.

PLEDGE AUTHORIZATION:

Signature: _____ Date: _____