



**BOYS & GIRLS CLUB  
OF MARSHFIELD**

# Capital Campaign Pledge Form

## DONOR INFORMATION

First & Last Name(s): \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please display my name like this: \_\_\_\_\_

Anonymous Donation

## DONATION INFORMATION

Gift Amount \$ \_\_\_\_\_

Length of Commitment:  1 Year  2 Years  3 Years

## PAYMENT OPTIONS

Check Enclosed - Payable to: Boys & Girls Club and include "Marshfield Capital Campaign" in the memo line

Charge My Credit Card  
Fill out credit card information to right

Electronic Funds Transfer  
Fill out EFT information to right

Please invoice me  
Date(s): \_\_\_\_\_  
 Mail or  Email: \_\_\_\_\_

In Memory Of or  In Honor Of  
Name: \_\_\_\_\_

### Credit Card Information:

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EFT Information:

Checking  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Transfer Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Valid for one year on Monthly Giving*

## PLANNED GIVING

I am interested in learning more about including BGC in my will/trust.

I am interested in learning more about giving to the BGC Endowment.

**SCAN TO GIVE  
ONLINE**

