



Bayview RISING

CAPITAL CAMPAIGN PLEDGE FORM

Donor Information

Name(s): _____

Address: _____

City: _____

Phone: _____

E-mail address: _____

I (we) pledge \$ _____ to the Bayview Rising Capital Campaign.

- The pledge is payable over ☐ 1 year ☐ 2 years ☐ 3 years
- The pledge will be paid ☐ annually or ☐ monthly. Please indicate the day/month you would like your payment to begin. _____ (mm/dd/yyyy)
- Pledge payments will be by ☐ credit card or by ☐ check

Credit card # _____ Expiration date _____ Security code _____

☐ My first check is enclosed.

Recognition

What is your preference concerning public acknowledgment of your gift?

- ☐ I grant permission for publication of my contribution on Bayview's website and in related print materials.
- ☐ I wish to remain anonymous.
- ☐ I am interested in naming rights for my contribution. Please reserve:

Donations in Memory of or in Honor of

This donation is made ☐ in memory of -- or -- ☐ in honor of:

Please send a notification letter to:

Please contact me to craft the notification letter ☐

Name: _____

Address: _____

City: _____

Signature(s) _____

Date _____