

PLEDGE FORM				
☐ Personal Gift ☐ Corporate Gift ☐ Foundation Gift				
DONOR INFORMATION (PLEASE PRINT OR TYPE)				
Name				
Organization Name (if corporate or foundation gift)				
Address		City, State, ZIP		
Phone (home/work)		Phone (cell)		
Employer		Phone (business)		
Email		Would li	Would like email updates from CCSF? ☐ Yes ☐ No	
1. Donation Amount: \$				
2. Method: cash (enclosed) check (enclosed – please make checks payable to CCS Foundation) credit card (check one: Visa MC AMEX Discover) EFT (please attach a voided check and sign below) Stock (a representative from the CCS Foundation will contact you) Remind me 4. Other Options: Anonymous: I/we wish to remain Anonymous. Matching Gift: Gift will be matched by: Select one: COMPANY FAMILY FOUNDATION Please enclose or forward any required gift matching forms.		3. Frequency: (beginning:, 20) one-time Monthly quarterly (March, June, September, December) annually # of years (check one): 1 2 3 4 5 Planned Gift: Please contact me/us about making an estate or planned gift. Tribute Gift: This gift is in Honor Memory of: Who should we send acknowledgments to? (name & address)		
on our donor recognition materials:				
THANK YOU FOR YOUR PARTNERSHIP! DONOR SIGNATURE				
Signature(s)				
Date				
CCS Foundation Call:			STIONS 509-434-5123 il: heather.beebe-stev	rens@ccs.spokane.edu

Contributions to the CCS Foundation (Tax ID# 91-0886962) are charitable under section 501(a) of the internal revenue code as an organization described in section 501(c)(3). Payments must be received before the end of the calendar year to be eligible for a tax deduction in the current year. There is no maximum contribution amount.

www.ccsfoundation.org Building Bright Tomorrows.

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