

EDMONDS SENIOR CENTER
EDMONDS WATERFRONT CENTER CAPITAL CAMPAIGN

DONOR INFORMATION *(Please type or print)*

Name _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ E-mail _____

Signature _____ Date ____/____/____

DONOR RECOGNITION *(Please allow us to honor you and your commitment to our community in our campaign materials)*

Please use the following name(s) in all acknowledgements: _____

I (we) wish to remain anonymous

PLEDGE INFORMATION

I (we) hereby contribute cash *and/or* assets to the **Edmonds Waterfront Center Capital Campaign**.

I (we) pledge a total of \$ _____

Outright gift of: \$ _____

Multi-year gift of: \$ _____ per year for ____ years

Payable: Annually: ____ Semi-Annually: ____ Quarterly: ____ Monthly: ____

With the first payment commencing Month: _____ Year: _____

Please send reminders Yes: ____ No: ____

PAYMENT INFORMATION

I (we) plan to make my (our) contribution in the form of:

cash check charge stock property other _____

Please charge my Credit Card: VISA MasterCard Discover

Credit Card Number: _____ Expiration: ____/____ (MM/YY)

Authorized Credit Card Signature: _____

My gift will be matched by _____ *(Company/Foundation/Family)*

Pledges may be sent to:
Edmonds Senior Center P.O. Box 717 Edmonds, WA 98020

The Edmonds Senior Center is a not-for-profit 501(c)(3); Federal ID# 91-0828576.
Edmonds Senior Center: Phone (425) 774-5555; FAX (425) 774-2921; WEB www.edmondssc.org

All gifts are tax deductible as provided by law.