



Capital Campaign Donor Form

Donor Information

Full Name: _____
Organization (if applicable): _____
Address: _____
City, State, ZIP: _____
Phone: _____ Email: _____

Gift Information

Total Pledge Amount: \$ _____

One-Time Gift Multi-Year Pledge

If Pledge: Payable over:

1 year 2 years 3 years Other: _____

100% 50%-50% 50% - 25% - 25%

Payment Schedule:

Monthly Quarterly Annually Other: _____

First Payment Date: _____

Payment Method

Check Enclosed payable to: *The Community Foundation of Elkhart County*
Memo: Elkhart County 4-H Fair Expansion Project.

Mail to: *The Community Foundation of Elkhart County* 240 E. Jackson St.
Elkhart, IN. 46516

CFEC Fund Transfer

Credit/Debit Card

Card Type: Visa MasterCard AmEx Discover

Card Number: _____ Exp: ___ / ___
Name on Card: _____
Signature: _____

Electronic Funds Transfer (EFT)

Bank Name: _____
Routing Number: _____
Account Number: _____

Stock or Securities (please contact our office for transfer details)

Recognition Preferences

Please list my/our name(s) as follows for recognition purposes:

I/we prefer to remain anonymous

This gift is made:

In honor of _____

In memory of _____

Donor Signature

I/we authorize the above pledge and payment schedule.

Signature: _____ **Date:** _____

Office Use Only

Campaign: _____

Form Received: _____

Processed by: _____

Entered by: _____