**

**Bridge Communities**

**Endowment Campaign Pledge Agreement**

Name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We pledge a gift (in addition to my/our ongoing annual operating support) in the amount of $ over \_\_\_\_\_\_\_ years to support Bridge Communities Endowment Campaign to provide funds to secure Bridge’s future.

\_\_\_\_\_ Capital Endowment \_\_\_\_\_Program Endowment \_\_\_\_\_Areas of Greatest Need

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

I/we will fulfill our commitment to ***Bridge Communities Campaign*** as follows:

* One-time payment:
* Today
* on / /
* With a **check** for full payment enclosed (*made payable to Bridge Communities*)
* **ACH Payment**
* With **a credit card**

Name on card:

Account number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: CVV: \_\_\_\_\_\_\_\_\_\_\_\_\_

* Through a gift of **stock/appreciated securities***Bridge Communities will be in contact with you for more information.*
* My gift qualifies for a matching gift from my employer in the amount of $\_\_\_\_\_\_\_\_.
* As a **pledge** payable as follows:

*Please indicate your preferred payment schedule and amounts. Yearly pledge reminders will be sent*.

2025: $\_\_\_\_\_\_\_\_\_ 2026: $\_\_\_\_\_\_\_\_ 2027: $\_\_\_\_\_\_\_ 2028: $\_\_\_\_\_\_\_\_ 2029: $\_\_\_\_\_\_\_\_

Anticipated date of first payment: / / Number of years pledged: \_\_\_\_\_\_

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Donor Recognition Preference - please choose one:

* Bridge Communities may include my/our name on donor recognition lists.
Please list my/our name as
* I/We prefer to remain anonymous.
* I/We would like to speak with someone about including Bridge Communities in my/our estate plans.
* This gift is made in honor/memory of:

Please send notification of my honorary/memorial gift to:

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:**

Please contact **Kristin Short, Director of Resource Development,** at **(630) 403-5101 or** **kristin.short@bridgecommunities.org**

with any questions.

*Bridge Communities’ tax identification number is* ***36-3705951.*** *Gifts are tax deductible to the extent allowed by law.*

*Received by Bridge Communities*

**Development: Initials**

Pledge Commitment Complete & entered Sub ledger.

Pledge Entered in Abila

Copy to Finance, original to file in Dev. Office

**Finance: Initials**

Pledge entered in MIP.

Pledge filed.