

# BATTERED WOMEN'S SHELTER PLEDGE/CONTRIBUTION FORM

I am honored to support the Battered Women's Shelter. I/we pledge the following gift to be designated for:

Unrestricted  Specified Area \_\_\_\_\_

I would like my gift to be in honor of \_\_\_\_\_

I would like my gift to be in memory of \_\_\_\_\_

Total Gift Amount \$ \_\_\_\_\_

Initial Payment \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

The remaining balance will be payable in installments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years

(no longer than three years) beginning \_\_\_\_\_, 20\_\_\_\_ on the following schedule (check one):

Annually  Semiannually  Quarterly  Monthly

.....  
 **Please automatically deduct from my credit/debit card:**  Discover  MasterCard  Visa  AMEX

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code \_\_\_\_\_

Signature for Credit Card Authorization: \_\_\_\_\_

.....  
 **Please use electronic funds transfer (EFT) from my bank account monthly:**

Bank Name: \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Gift of Stocks:** Please contact the Battered Women's Shelter Advancement Office at 330-860-5624.

**Matching Gifts:** If you are employed by a matching gift company, please submit necessary forms.

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Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list my (our) name(s) in all campaign reports s follows: \_\_\_\_\_

\_\_\_\_\_

I wish to remain anonymous

**Thank you for your generous support of the Battered Women's Shelter / 974 E. Market Street, Akron, OH 44305**