

Hershey Community Center Capital Campaign

PLEDGE FORM

TOTAL PLEDGE: \$ _____ **AMOUNT ENCLOSED:** \$ _____

BALANCE: \$ _____

TO BE PAID: QUARTERLY SEMI-ANNUALLY ANNUALLY

OVER A PERIOD OF: 1 2 3 4 5 years, beginning (Month/Year): /

Please Invoice Me

Payment will come from United Way of _____

Please charge my credit card automatically for each payment (*Complete information below*)

VISA MasterCard Discover American Express

Name as it appears on card: _____

Account Number: _____ Exp: /

NAMING OPPORTUNITY _____

If you are making a donation and wish to reserve a naming opportunity, please note your preference. You will receive confirmation of your selection and if the commemorative opportunity is no longer available, a campaign volunteer will be in touch to discuss other options.

DONOR: _____

Check here if you wish to remain anonymous

EMAIL: _____ **TELEPHONE:** (____) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SIGNATURE: _____ **DATE:** _____

*Please make checks payable to: **Friends of Derry Township Parks & Recreation** and write *Hershey Community Center Capital Campaign* on the memo line.*

PRINT THIS FORM and MAIL to: Hershey Community Center Capital Campaign, 600 Clearwater Road, Hershey, PA 17033