



Thank You for Your Support!

Pledge Form

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Preferred Email: _____

Please list me/us in all acknowledgements as _____.

I would like to remain anonymous.

My/Our Total Pledge is: \$ _____

Pledge fulfillment:

I/We will pay \$ _____ by December 31, 2020:

I/We will pay \$ _____ by December 31, 2021:

Please invoice me by _____ (date).

I/We would like our gift to be used for:

Greatest Need Camp Oz Seizure Trainings Other _____

Payment Information:

I/We plan to fulfill this pledge by:

Cash

Check made payable to EFMN

Stock (contact Tim Flynn at tflynn@efmn.org)

Donor Advised Fund or Qualified Charitable Distribution Name of financial institution _____

Credit Card

Name on Card: _____

Card Number: _____ Exp Date: _____ CVV: _____

By signing below, I/we are committing to the following donation/pledge to EFMN:

Authorized Signature _____ Date _____

I would like to discuss listing EFMN in my estate plans.