



Extraordinary Strides • Transforming Lives

Pledge Form

I am pleased to make a gift of _____ to the
Extraordinary Strides • Transforming Lives Capital Campaign.

Contribution enclosed

I/We pledge \$_____

to be paid one time quarterly annually (up to 3 years) beginning _____
(xx/xx/xxxx)

I wish to make my gift in the form of securities/stock. Please contact me to make arrangements for the transfer.

At this time, I/we also grant permission for my/our gift to be applied to any matching or challenge grants for which it may be eligible.

I wish to charge my payments to Visa Mastercard

Account Number _____ Expiration Date _____

Authorized Signature _____

My gift will be matched by _____
(please include corporate gift matching form)

Please recognize me/us in any printed materials as:

 Please do not list my/our names(s) in any Campaign materials.

We would like to reserve the following naming opportunity:

Signature

Signature

Print Name

Print Name

Date

Date

Address, City, State, Zip

e-mail address

Telephone (Day):

(Evening)

All gifts to Little Bit Therapeutic Riding Center are tax deductible to the extent provided by law.
Please contact your tax advisor for details.