



# Pledge Form

## Sam Johnson Park



### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_ now \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_ form enclosed \_\_\_ form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to one of the two organizations below. Donations are 100% tax deductible.

**City of Redmond/Sam Johnson Park**  
716 SW Evergreen Ave  
Redmond, Oregon 97756

**Redmond Kiwanis Foundation**  
P.O. Box 253  
Redmond, OR 97756