WILKINSBURG COMMUNITY DEVELOPMENT CORPORATION

Individual Pledge/Donation Form

DONOR INFORMATION (Please Print)

Last Name: _____ First Name: _____ MI: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

PLEDGE/DONATION INFORMATION

	Number of Years	Amount Per Year
1 Year	☐	$ _____
2 Years	☐	$ _____
3 Years	☐	$ _____
Other (___ Years)	☐	$ _____
TOTAL PLEDGE		$ _____
Amount Enclosed		$ _____
BALANCE REMAINING		$ _____

☐ Please invoice me on _____ each year.

Month/Date

PAYMENT INFORMATION

☐ Check Enclosed. Please make all checks payable to Wilkinsburg Community Development Corporation.

☐ VISA ☐ MasterCard

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

SIGNATURE(S):

_____

Printed Name Signature Date

_____

Printed Name Signature Date

Please mail completed form and payment to:

Wilkinsburg Community Development Corporation
1001 Wood Street
Pittsburgh, PA 15221