



The Bedford Historical Society

Centennial Capital Campaign Pledge Form

DONOR INFORMATION

First Name _____ Last Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Business) _____

Email _____ Email _____

GIFT PLEDGE INFORMATION

I (we) pledge a total of \$ _____ to the Bedford Historical Society Centennial Capital Campaign

I (we) wish to have this donation paid: now quarterly annual over _____ years (maximum 5 years)

Amount Enclosed \$ _____ Remainder Pledged \$ _____

I (we) plan to make my contribution by: check credit card other _____

Please contact us securities transfer instructions

Please charge my American Express Visa Mastercard

Card Number _____ Expiration _____

Authorized Signature _____

Billing Address - if different from address listed above _____

Credit card payments will be automatically charged per your billing preference above. Checks should be endorsed to the Bedford Historical Society

My gift will be matched by _____ Company/Foundation/Family

form enclosed form will be forwarded

This pledge will be used to further the initiatives of the Bedford Historical Society Centennial Campaign. Please indicate any specific area of the campaign you wish to support _____

ACKNOWLEDGEMENT AND RECOGNITION

Your name(s) for acknowledgement and recognition purposes I (we) wish to have our gift remain anonymous

Donor Signature(s): _____

Date: _____