

PLEDGE FORM

Milbank Community Foundation, 48051 153rd Street, Milbank, SD 57252 Phone 605-432-9000

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

I pledge \$ _____ to the following fund(s):

- | | |
|---|---|
| _____ Midwest Dairy Institute | _____ Bulldog Club |
| _____ Education | _____ Grant County Combined Appeal |
| _____ Digester | _____ Veterans Memorial |
| _____ Milbank Area Community Tennis Association | _____ Friends of the Prairie |
| _____ Grant-Deuel High School Scholarship | _____ Hollands Grist Mill |
| _____ Kermit Scheele/Wilmot Scholarship | _____ Youth in Agriculture |
| _____ Renee Nelson-McIntosh Scholarship | _____ First Congregational Church |
| _____ Remund Family Memorial Scholarship | _____ Chalet Endowment |
| _____ Russell O. Peterson Scholarship | _____ Grant County Heart Fund |
| _____ Unity Square Endowment | _____ Grant County Diabetes Association |
| _____ 10 th Anniversary | _____ Other Funds |
| _____ Leading Edge Club | |

I pledge to pay: \$ _____ Monthly _____ Quarterly _____ Annually _____ (check one)

Credit Card Payment: _____ VISA _____ MasterCard _____ Discover (check one)

Credit card # _____ Number on back of card _____

Expiration Date _____

(Please be sure the name and address listed above is the same as they appear on your credit card.)

Automatic Bank Account Deduction (ACH): I authorize the Milbank Community Foundation (MCF) and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford MCF a reasonable opportunity to act on it. I can stop payment of any entry by notifying MCF 30 days before my account is charged. MCF is not responsible for any overdraft or interest charges that may result from this agreement. MCF reserves the right to solicit cash if the donor's account does not carry sufficient balance for payment.

Financial Institution:

Name _____

City _____ State _____

Routing Number _____

Account Number _____ Checking _____ Savings (check one)

Amount to withdraw \$ _____ Date to begin withdrawal: _____

Day of month to withdraw: _____ 1st _____ 10th _____ 25th (check one)

Donor Signature _____ Date _____

The Milbank Community Foundation is a 501(c)(3) nonprofit corporation. Your donation is eligible for a charitable deduction on your federal income tax return. Consult your tax advisor.