

# PLEDGE FORM

MILBANK COMMUNITY FOUNDATION, 4805 I 153<sup>RD</sup> STREET, MILBANK, SD 57252 . PHONE 605-432-9000

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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

I pledge to pay: \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_ (Check one)

Credit Card Payment: \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover (Check one)

Credit Card #: \_\_\_\_\_ # 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 a sufficient balance for payment.

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_ \_\_\_ 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.