



AURORA S. BOLIN MEMORIAL ENDOWMENT PLEDGE FORM

DONOR INFORMATION

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

PLEDGE INFORMATION

I (we) pledge a **one-time gift** of \$_____. ___ Payment is enclosed ___ Payment will be forwarded.

or

I (we) pledge a **total gift** of \$_____ to be paid in installments.

\$_____ in 2017. \$_____ in 2018. \$_____ in 2019.

___ Payment is enclosed ___ Payment will be forwarded. Please bill me in month____year_____.

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ other

Gift will be matched by _____ (company/family/foundation).

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:

Wichita Falls Area Community Foundation- Aurora S. Bolin Memorial Endowment
 2405 Kell, Suite 100, Wichita Falls, TX 76301