

# Capital Campaign Pledge Form



## Contributor Information *(Personal information is kept confidential)*

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Email Address Phone ( )

I would prefer that this contribution and/or my name be kept confidential.

### A one-time donation, in the amount of:

- \$25,000     \$10,000     \$5,000     \$2,500  
 \$1,000     \$500     Other: \$\_\_\_\_\_

### A repeating donation, as follows:

A sum of \$\_\_\_\_\_ once every:

- Month     Quarter     Year

Amounting to a total of \$\_\_\_\_\_

### Select your pledge payment option:

Check enclosed *(Make checks payable to "Safe Harbor")*

Please bill my credit card *(Select card type below):*

- Visa     Mastercard     American Express     Discover

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CCN: \_\_\_\_\_

I authorize Safe Harbor to initiate withdrawals from my checking account in the specified frequency and amount.

Bank Name: \_\_\_\_\_

Checking Acct. #: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Contributions to Safe Harbor are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c) (3) U.S. Federal Tax ID 46-0344310. Please consult your accountant for any clarifications. Payments must be received before the end of the year to be eligible for a tax deduction in that year. There is no minimum contribution amount.*

**Please forward completed form and payment to:**

Safe Harbor | PO Box 41 | Aberdeen, SD 57402-0041 | Fax: 605-226-2430

*Thank you!*