

# LA SALLE ROTARY PARK FOUNDATION

## *Gift/Pledge Card*

### SECTION 1: DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

### SECTION 2: GIFT ALLOCATION

Specific Project \_\_\_\_\_  General Campaign

Specific Naming Opportunity \_\_\_\_\_

Please indicate Naming Opportunity and how you would like it named  
(Note: Characters may be limited)

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: PAYMENT

One time gift of \$ \_\_\_\_\_ (Enclosed)

I wish to pledge a total Gift amount of \$ \_\_\_\_\_

(Note: Pledges can be extended over a 5 year period)

Monthly \$ \_\_\_\_\_

Quarterly \$ \_\_\_\_\_

Annually \$ \_\_\_\_\_

Begin Date \_\_\_\_\_

Please charge my credit - card Card# \_\_\_\_\_

Visa  Discover  MasterCard  American Express

Expiration Date \_\_\_\_\_ (3) digit security code \_\_\_\_\_

Name on Card \_\_\_\_\_

**I authorize my gift & payment schedule as outlined above**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail completed form to:** La Salle Rotary Park Foundation,  
P.O. Box 1001, La Salle Il 61301. Please Make Checks Payable To  
La Salle Rotary Park Foundation. Questions? Call 815-223-8009.