

# Capital Campaign Pledge Form



## Donor Information (please print or type)

Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: now monthly quarterly yearly

Amount enclosed \$ \_\_\_\_\_

Balance, if any of \$ \_\_\_\_\_ to be paid on or before \_\_\_\_\_.

I (we) plan to make this contribution in the form of: cash check credit card other.  
[please contact the shelter at 502.875.7297 with credit card information]

Gift will be matched by (company/family/foundation) form enclosed form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_  
 I (we) wish to have our gift remain anonymous

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Please make checks, corporate matches,  
or other gifts payable to:**

Franklin County Humane Society  
New Building Fund  
100 Companion Place  
Frankfort, KY 40601