

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 January 31, 2022

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
1041 Kentucky Ave
Frankfort, KY 40601