



Donor Pledge Form

Thank you for your commitment to Communities In Schools of Chesterfield! Please fill out the sections below to indicate your pledge preferences and details.

Donor Details

Name: _____

Billing Address: _____

Phone: _____

Email: _____

Pledge Information

I (We) commit to contribute \$ _____ to Communities In Schools of Chesterfield

This gift will be paid as follows:

\$ _____ in one payment, or

My gift will be paid as a pledge according to the following schedule:

_____ # installments - Annually Quarterly Semi-Annually Monthly Other

By _____ (date or year when final installment will be made)

For annual installments, please send me (us) payment reminder each year of our pledge in the month of _____.

Gift Recognition

Please publicly acknowledge this gift according to your Donor Recognition plan

Recognize this gift as from: _____
As you wish your name(s) to appear

Please DO NOT recognize this gift publicly. I (WE) wish for the gift to be anonymous.

This gift is (circle one) in honor of/in memory of: _____

Form of Payment:

I wish to make my gift by: Check(s) Credit Card

Please make checks payable to:
Communities In Schools of Chesterfield

Signature: _____ Date: _____

Questions: Please contact the Director of Development and Outreach, Devan Colley, at devan_colley@ccpsnet.net or 804-717-9305