

Klamath Basin

FRIENDS OF THE CHILDREN-KLAMATH BASIN CAPITAL PROJECT PLEDGE FORM

DONOR or Organization Contact			SPOUSE/PARTNER (if applicable)	
First Name	Last Name		Partner First Name	Partner Last Name
Organization or B	usiness			
Street/PO Box		City		State Zip
Phone	Email		Partn	er Email (if applicable)
Gift to be paid:			enclosed with the ba	alance of \$
Gift to be paid:	as follows \$ □monthl		enclosed with the ba	
Gift to be paid:	as follows \$ monthl	y □quarto invoice me □ CHE	enclosed with the baserly annually of CCK	alance of \$
Gift to be paid To be paid: Start Date:	as follows \$	y □quarto invoice me □ CHE please prov □AmEx	enclosed with the baserly annually of CCK ride credit card inform	alance of \$

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☐ I/WE or our organization would like to donate the FOLLOV	WING ASSETS (please specify)
$\ \square$ I/WE or our organization would like to donate stock or cry with broker or other crypto information)	pto currency (please contact FRIENDS
☐ I/WE or our organization would like my/our gift to be in h ☐ In honor ☐ In Memory of	
Other details about my/our donation I'd/we'd like to share	
\Box Please contact me and the best way to reach me is by \Box email	□phone and the best time to contact me is:
Signature:	Date:
Questions? Please call Anne Keyser Director of Development & Marl	voting at 541 273 2022

Your donations are tax deductible as allowable by law.

FRIENDS of the CHILDREN is a 501(c)(3). Tax ID 93-1290284

THANK YOU!