



# Continuing the Journey Capital Campaign Pledge Form



### Donor Information:

Name \_\_\_\_\_

Company (if donation is not personal) \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pledge Information

I (we) pledge a **total** of \$ \_\_\_\_\_ to Beacon College.

I would like a Naming Opportunity for: \_\_\_\_\_

This donation will be fulfilled over  1  2  3 year(s)  other\*

Quarterly  semi-annually  annually  other\*

Installments of \$ \_\_\_\_\_

Beginning (month/year) \_\_\_\_\_

\*Other \_\_\_\_\_

*At any time in the future, frequency of gift fulfillment may be adjusted by the donor with notice given to Beacon College.*

This donation will be made in the form of  check  credit card  stock

Matching Gifts: I work for a company that will match my gift \_\_\_\_\_ (company name)

### Donor Recognition

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

\_\_\_\_\_

I/we wish to remain anonymous.

### Donor Signature(s)

 Your signature & date are required to comply with recommended accounting procedures.

\_\_\_\_\_  
*Signature* Date \_\_\_\_\_  
(Month/Day/Year)

Please mail your completed pledge form to:

Beacon College  
Capital Campaign Office  
105 E. Main Street  
Leesburg, FL 34748

Questions? Please contact us at:  
(352) 638-9711  
donnamartin@beaconcollege.edu

*Donations to the College are tax-deductible. Consult your tax professional.*