



EFFINGHAM
COUNTY
OPPORTUNITY
FOUNDATION



Community
Support Systems

Pledge Form

Donor Information (please print or type)

Name

Billing address

City, ST Zip Code

Phone

Email

Pledge Information

I (we) pledge a one-time donation of \$_____

I (we) pledge a recurring donation of \$_____ to be paid:

☐ Monthly ☐ Quarterly ☐ Annually

For a duration of:

☐ 1 year ☐ 3 years ☐ 5 years

☐ Other:_____ (not to exceed 5 years)

Total Pledge Amount (Recurring amount \times number of payments): \$_____

Acknowledgement Information

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

Name(s) _____

Address(es) _____

Signature(s)

Date

Please make checks payable to:

Effingham County Opportunity Foundation

Mail to:

Gina Willenborg
Effingham County Opportunity Foundation
618 W. Main Street, Suite B
Teutopolis, IL 62467

☐ I (we) wish to have our gift remain anonymous.