CAPITAL CAMPAIGN PLEDGE FORM

Contact information (please update where applicable)
Name: ____________________________________________________________
Address: _________________________________________________________
Phone: __________________________ Email: __________________________
*please provide current phone and email address

ONE-TIME GIFT
☐ Enclosed is my check # ______ for ☐ $100 ☐ $250 ☐ $1,000 ☐ $5,000 ☐ $10,000 ☐ OTHER $ ________
☐ Please charge my credit card for ☐ $100 ☐ $250 ☐ $1,000 ☐ $5,000 ☐ $10,000 ☐ OTHER $ ________

RECURRING GIFT
☐ I pledge to donate a total of ☐ $500 ☐ $1,000 ☐ $5,000 ☐ $10,000 ☐ OTHER $ ________
   to be paid over 1 Year ☐ 2 years ☐ 3 years (circle one)
   Charge my Credit Card ☐ Invoice Me (circle one)

PAYMENT INFORMATION
Name: ____________________________________________________________
Credit Card # ________ - ________ - ________ - ________ - ________
Exp Date _____/_______ CVV Code _____

YOUR REPLY IS REQUESTED BY FEBRUARY 28, 2018. THANK YOU!!

Return to KAXE, 260 NE 2nd St, Grand Rapids, MN 55744
or make your gift online at kaxe.org