



Home of the Braves

CAMPAIGN PLEDGE FORM

DONOR INFORMATION

Donor Name(s) _____

Billing Address _____

City, Street, Zip _____

Phone | Email _____

PLEDGE INFORMATION

I (we) pledge a total of \$ _____

Payment Terms: Pay in full Payable over multiple years* (check one): 2 3 4 5

**Gifts payable over multiple years must be a minimum \$500*

For multi-year gifts, please provide your first payment date: _____

Please send me (us) a payment reminder each year of our pledge in (month): _____

I (we) plan to make this contribution by: Check Credit Card Stock* Other: _____

**For gifts of stock and wire transfers, please contact Lori Klinedinst at (513) 272-5932 or lori.klinedinst@indianhillschools.org*

Heirs and Assigns. This Agreement shall inure to the benefit of and be binding upon both parties, and their respective heirs, personal representatives, successors and assigns.

For credit card contributions, please provide the following information:

Name on Card: _____ Card Type: _____

Credit Card Number: _____ Exp. Date | CVV: _____

Authorized Signature: _____

My gift will be matched by (company/foundation): _____

Form enclosed Form will be forwarded via mail or email

ACKNOWLEDGMENT INFORMATION

Please publicly acknowledge this gift. *Print name(s) below as you wish to appear in donor recognition materials.*

Please **do not** recognize this gift publicly. I (we) wish for the gift to remain anonymous.

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

Signature	Date
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Please make gifts payable to: Indian Hill Foundation
Memo: Home of the Braves Campaign

Bold philanthropy for brave possibilities

Mail form to: Indian Hill Foundation
6855 Drake Road Cincinnati, OH 45243
All gifts are tax deductible as allowed by law
Tax ID Number: 31-1813923