

# Pledge Form



## Greater Sabetha Community Foundation- Sabetha Health & Wellness Fund

*Supporting health and wellness within our community*

### Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Authorized signature \_\_\_\_\_

### Acknowledgement Information

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

- I (we) wish to have our gift remain anonymous.
- I (we) would like to receive more information about the SHWC project.
- I (we) would like to visit with a representative of the SHWC project

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks or other gifts payable to:

Greater Sabetha Community Foundation- Sabetha Health & Wellness Fund  
P.O. Box 111  
Sabetha, KS 66534

**The Greater Manhattan Community Foundation is a non-profit 501(c) (3) organization — EIN #48-1215574, incorporated in the State of Kansas.**

