

## **CAMPAIGN COMMITMENT FORM**

Please <sub>l</sub>	print name(s)	as you wish to be ackn	owledged for your g	ift:
				Graduation Year:
Compa	ny/Organizat	tion:		
Address	s:			
City:			State:	ZIP:
Phone:			_ Email:	
		tion to pledge a total of following schedule:	ov	ver the next years, to be paid
		PAYMENT AMOUNT	MONTH/YEAR	Please send pledge reminders:
	YEAR 1			☐ Annually
	YEAR 2			Semi-Annually
	YEAR 3			Quarterly
	YEAR 4			
	YEAR 5			_
☐ Enclose ☐ I/We on re ☐ I/We I/We	e authorize Co everse side). have visited are intereste	ck made payable to <i>Cal</i> CSJ to collect my gift by ccsj.edu for online givined in a gift of stock, sec	r charging my credit ng to make an initial urities, IRA charitable	card (please complete information
☐ I/We ☐ My/0	is a tribute g wish to disc Our gift is elig	ift made  in honor of uss commemorative/namedible to be matched. Consider if you wish for your gif	ming opportunities a ompany Name:	vailable in the campaign.
Donor	Signature			Date

## **CREDIT CARD PAYMENT**

I authorize CCSJ to collect my gift by charging my credit card (circle one):









Name as it appears on card:
Card number:
Expiration: / Security code:
Please process pledge payments to my card:
One time annually in over the pledge term.  (Month)
Equal monthly installments over the pledge term.
□ Other

Your continued annual support is appreciated during the Campaign.

Calumet College of St. Joseph is a 501(c)(3) tax exempt organization. Your gift is tax deductible to the fullest extent of the law. Federal Tax ID: 35-1087173

## Calumet College OF ST. JOSEPH