

Pledge and Donation Form

Please earmark my donation as follows:	Donation
• Health and Human Service Agencies	\$ _____.00
• Education	\$ _____.00
• Youth Development	\$ _____.00
• Apply my donation where most needed	\$ _____.00
• Other _____	\$ _____.00
Total: \$ _____	

Method of payment:

- Check/Cash
- ACH
Amt. per month ____1st ____10th ____25th
- Payroll Deduction
Amt. per payroll \$ ____ # of payrolls ____
- Credit Card

CARD NUMBER

EXP DATE

NAME ON BACK OF CARD

Milbank Community Foundation
904 E 4th Ave
Milbank, SD 57252
Phone: (605) 432-9000
Fax: (605) 432-9270

