

# PLEDGE AND DONATION FORM

Please earmark my donation as follows:      Donation

<input type="checkbox"/> Health and Human Service Agencies	\$ _____ .00
<input type="checkbox"/> Education	\$ _____ .00
<input type="checkbox"/> Youth Development	\$ _____ .00
<input type="checkbox"/> Apply my donation where most needed	\$ _____ .00
<input type="checkbox"/> Other _____	\$ _____ .00

Total: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

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 \_\_\_\_\_

NO. ON BACK OF CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_



**Grant County  
Combined  
Appeal**

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