WCC 100th Anniversary 1923-2023

Fitness. Family. Community.

A Legacy Capital Campaign

DONOR INFORMATION

Name (please print)

Company/Foundation (if applicable)

Address | City | State

Zip Code | Telephone | Home | Work

Cell | Email

_____ _____

Signature 1 Date

_____ _____

Signature 2 Date

O I/we wish my/our names to be listed as follows: _____

O I/we prefer to remain anonymous O My company will match this gift/pledge

PLEDGE INFORMATION

I/we pledge a total of $_____ to the Whitin Community Center Campaign to be paid in
O Annual O Quarterly O Monthly installments of $_____ over a O 1 O 2 O 3 O 4 O 5 year(s)
beginning (mm/dd/yyyy) _____.

(For Employees only)
I pledge a total of $_____ to the Whitin Community Center Campaign to be paid through payroll deduction in installments of $_____ over a O 1 O 2 O 3 O 4 O 5 year(s)
beginning (mm/dd/yyyy) _____.

GIFT INFORMATION

O We would like to make a **single gift** in support of the Whitin Community Center Campaign in the amount of $_____.

PAYMENT INFORMATION

O **Enclosed in my check.** (Please make check payable and mail to: WCC 60 Main St. Whitinsville, MA 01588

Charge my credit card O Visa O Mastercard O AMEX O Discover
Whitin Community Center Campaign is authorized to charge mt credit card for $_____ when scheduled payments are due. Please indicate the due date of the month's O 1st or O 15th

_____ _____

Credit Card Holder Name (please print) Credit Card Number

_____ _____

Expiration Date CVV

_____ _____

Signature Date

SPECIAL INSTRUCTIONS

This gift will be made with securities, property, or other assets (please note) _____
This gift is made In honor of _____
This gift is eligible for a match from _____

Your gift is tax-deductible to the extent law allows in the year paid.