



## East Cleveland Township Cemetery Foundation

# Pledge Form

### Donor Information (please print or type)

|                      |  |
|----------------------|--|
| Name                 |  |
| Billing address      |  |
| City                 |  |
| State                |  |
| ZIP Code             |  |
| Telephone (home)     |  |
| Telephone (business) |  |
| Fax                  |  |
| E-Mail               |  |

### 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<br>(Visa/Mastercard) |  |
| Credit card number                    |  |
| Expiration date                       |  |
| Authorized signature                  |  |

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

### Acknowledgement Information

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

|  |
|--|
|  |
|--|

\_\_\_\_ I (we) wish to have our gift remain anonymous.

|              |
|--------------|
| Signature(s) |
| Date         |

Please make checks, corporate matches, or other gifts payable to:

East Cleveland Township Cemetery Foundation  
P.O. Box 1874  
Cleveland, OH 44106-0074