



Pledge Form

Donor Information

Name _____
 Address _____
 Phone _____
 Email _____

This is a family gift _____ (Family/Group Name)

Pledge Information

I/we pledge the total sum of \$ _____ to be paid as follows (3-year pledge maximum):

\$ _____	on _____	\$ _____	on _____
\$ _____	on _____	\$ _____	on _____
\$ _____	on _____	\$ _____	on _____

Or make this an ongoing Monthly Donation \$ _____ until _____ (Date)

I/we plan to make this contribution in the form of: cash check credit card online stock (see website)
 Please make all gifts payable to: Friends of Berkeley Tuolumne Camp

Credit Card Type / Exp. Date / CIV _____
 Credit Card - Name on card _____
 Credit Card - Number _____
 Authorized Signature _____

Company Matching

My gift will be matched by (company/foundation): _____

form enclosed form will be forwarded

My gift is in honor of or in memory of: _____

Recognition

Family name or name(s) as I wish it to appear in all materials (60 characters or fewer):

I/we wish to remain anonymous

Signature:

 Print Sign Date

For questions or to return this form, please contact us:

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