

CONTRIBUTION/PLEDGE FORM

I wish to contribute \$ _____

I wish to pledge \$ _____ to be paid in _____ installments.

I wish to contribute through the community Foundation of North Central Massachusetts.
Please contact me. (See Below)

My employer has a matching gift plan. Please contact me. (See Below)

I wish to remain anonymous. _____.

I wish to make my gift in honor/memory of

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (Optional) _____

Email: (Optional) _____

Please make check payable to: Fitchburg Police Support Fund

I would like to use my credit card: _____

Master Card _____ Visa _____ Discover _____ Amex _____

Card Number: _____

Expiration Date: _____ / _____ CCV: _____

Signature: _____