

# KulshanCLT Pledge Form

**Donor Information** *(please print)* Date \_\_\_\_\_

Name(s)\* \_\_\_\_\_

*\* As you would like it to appear in KulshanCLT publications.*

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Check here if you wish your gift to remain anonymous

## Pledge Information

In recognition of KulshanCLT's mission to grow a community everyone can afford, I/we pledge  \$5,000  \$2,500  \$1,000  \$500  \$250

\$\_\_\_\_\_ Other, to be paid in full by December 31, 2009.

My gift will be matched by \_\_\_\_\_

*(please enclose employer matching form)*

## Payment Information

I/we plan to make this gift in the form of

Check payable to **KulshanCLT**

Bill my:  VISA  MC # \_\_\_\_\_

Exp Date \_\_\_\_\_ Name on Card \_\_\_\_\_

I wish to make a monthly contribution of:  \$10  \$20  \$25  \$50  \$\_\_\_\_\_ Other

\$\_\_\_\_\_ Bill the above credit card monthly

\$\_\_\_\_\_ Set up an automatic transfer from my bank account

*(For automatic transfer, please enclose a check for your first monthly donation, and sign below. Automatic transfers from your checking account will begin the following month on the 5<sup>th</sup> of the month.)*

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks, corporate matches and stock transfers payable to:

**KulshanCLT** and return this form to:

215 West Holly Street, Suite H-20, Bellingham, WA 98225

KulshanCLT is a 501c3 nonprofit organization registered with the State of Washington, EIN# 91-1995485. All gifts are tax-deductible to the extent provided by law. Please contact us at (360)671-5600 or visit [www.kclt.org](http://www.kclt.org)

