



WILKINSBURG COMMUNITY DEVELOPMENT CORPORATION
Individual Pledge/Donation Form

DONOR INFORMATION (Please Print)

Last Name: _____ First Name: _____ MI: _____
Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

PLEDGE/DONATION INFORMATION

Number of Years	Amount Per Year
1 Year <input type="checkbox"/>	\$ _____
2 Years <input type="checkbox"/>	\$ _____
3 Years <input type="checkbox"/>	\$ _____
Other (___ Years) <input type="checkbox"/>	\$ _____
TOTAL PLEDGE	\$ _____
Amount Enclosed	\$ _____
BALANCE REMAINING	\$ _____

Please invoice me on _____ each year.
Month/Date

PAYMENT INFORMATION

Check Enclosed. Please make all checks payable to Wilksburg Community Development Corporation.

VISA MasterCard
Card Number: _____ Expiration Date: _____
Name on Card: _____ Signature: _____

SIGNATURE(S):

Printed Name	Signature	Date
Printed Name	Signature	Date

Please mail completed form and payment to:
Wilksburg Community Development Corporation
1001 Wood Street
Pittsburgh, PA 15221