

CAPITAL CAMPAIGN PLEDGE FORM

I/we wish to make a contribution to Parkview Baptist School's The Blessing Capital Campaign. In consideration of the gifts of others and to demonstrate my/our appreciation and support of the mission of Parkview Baptist School, I/we hereby pledge/ agree to contribute the sum of:

Total Gift/Pledge Amount

\$_____ Payment Enclosed (if applicable)

\$______Balance to be paid over ______years. We kindly request all pledges be paid within 1-3 years and/or by 12/31/2022.

Pledge Payments will be made:
Annually
Semi-Annually
Quarterly
Other: (please specify dates)

GIFT/PLEDGE INFORMATION

Name(s) Of Donor(s)		Company	
Address			
City		State	Zip
Phone	E-Mail		
 Check – made payable to Parkview Stock Transfer – please contact m Payroll Deduction – form will be p Credit Card – Visa[®] MasterCard[®] 	e for instructions rovided to Parkview faculty		
Credit Card Number		Expiration Date	3-Digit Security Code
Name As It Appears On Credit Card	Printed/Signature (Please not	e a signature is required at the l	bottom of the form as well.)
 I/We will seek a matching gift fro I/We wish to remain anonymous I/We wish my/our name(s) to be 			
This gesture of support for The Bless	ing Capital Campaign is mad	le:	
□ In Honor Of □ In Memory Of _			
Signature(s)	Date		
Thank you for investing in the future organization. Tax Id Number 72-0918 you may modify or cancel this pledge Development at 225-291-2500 ext. 12 executed. For more information, plea	254. Your gift is tax deductil , commitment or intent. If yo 25 or giving@parkviewbaptis	ble to the extent of the law* bu have any questions, pleas st.com. Upon receipt of this	. In case of unforeseen circumstances se contact Michelle White, Director

EDUCATION with an ETERNAL FOUNDATION 5750 PARKVIEW CHURCH ROAD | BATON ROUGE, LA 70816 | (225) 291-2500 | PARKVIEWBAPTIST.COM