



# PLEDGE FORM

**Yes!** I want to support The Club Foundation's critical mission of providing scholarships and grants for club professionals.

PLEDGE

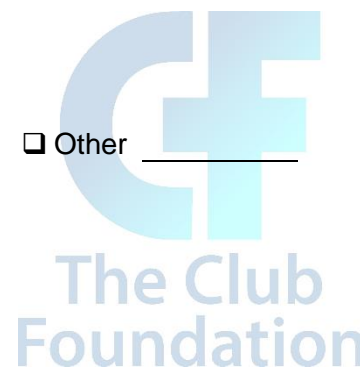
## I PLEDGE TO CONTRIBUTE TO THE CLUB FOUNDATION IN THE FOLLOWING AMOUNT/FREQUENCY:

Amount \$

Frequency  Monthly  Quarterly  Annually  Other

Number of Years

Total Contribution \$



Signature: \_\_\_\_\_

PAYMENT

Payment start date: **First Payment** \_\_\_\_\_  
mm/dd/yyyy

**Check enclosed - send me invoices for future payments**

**Automatically charge payments to the following credit card**

Card type:  VISA  MasterCard  AMEX

Account Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV# \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
*(authorized account signer)*

**Automatically withdraw payments from my bank account**

Institution: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Signature: \_\_\_\_\_ *(authorized account signer)*

**Contact information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please make checks payable to **The Club Foundation**  
 Mailing address: 1733 King Street, Alexandria, VA 22314  
 703-739-9500 – www.clubfoundation.org