

Randolph Area Community Development Corporation



Donor Pledge Form

Please complete your contact information below check all that apply:

Donor Name(s): _____

Address: _____ City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Signature: _____ Date: _____

- I enclose a check for \$ _____, payable to RACDC.
- I Pledge a total of \$ _____, to be paid (Check one) _____ Monthly _____ Annually in (#) _____ payment(s) due on or before _____.
- I would like to pledge stock or securities in the amount of \$ _____, due on or before _____.
Contact Information for Broker: _____

Please use my gift toward:

- General support of RACDC's Mission
- Joslyn House 25th Anniversary Capital Campaign
- Split my gift between: _____ [\$] _____ & _____ [\$] _____
- Other Guidance: _____

Other Directions:

- My employer participates in the matching gift program.
Name and address of Employer:

 - (Optional) My donation is in memory of:

 - (Optional) My donation is in honor of:

 - I would like this donation to be anonymous (Not Publicized).
- Please send an acknowledgement to:
Name: _____
Address: _____

I would also like to volunteer time to help by offering the following skills:

- Membership
- Communications
- Programs
- Other: _____

RACDC, 21 North Main Street, 3rd Floor, P.O. Box 409, Randolph, VT 05060

Thank You!