INNOVATION AT WORK JOHNSON COLLEGE CAPITAL CAMPAIGN

Capital Campaign Pledge Form

Donor(s):	
Address:	
City, State, Zip:	
Home Phone:Bu	ısiness Phone:
Email:	
	M Hada (Barranile)
Pledge Commitment	Method of Payment(s)
In support of the vision to be realized	Check payable to: Johnson College
by Johnson College's Innovation at Work Campaign, I/we hearby make the following pledge.	Please charge my: □ Visa □ MC □ AmEx □ Discover
Total Amount of Pledge: \$	Credit Card Number:
Pledge to be paid as follows:	Cardholder Name:
☐ I am supporting this campaign today with a gift of: \$	Exp. Date:
☐ Single year payment of pledge: \$ Beginning on (date):	Planned Gifts and Stock: Please contact Karen Baker at (570) 702-8908 or KBaker@johnson.edu for more information.
☐ Multiple year payment of pledge: \$ Beginning on (date):	Other: My/Our gift will be matched by:
To be paid over (yrs): Please bill me:	☐ Matching gift enclosed☐ Matching gift form will be sent
☐ Annually☐ Monthly☐ Quarterly☐ Other:	☐ I have remembered Johnson College in my/our will(s). ☐ I have not yet remembered Johnson College in my/our will(s) but am interested in more information.
Donor Name(s) (Printed as you would like it/them to appear in our donor records):	
Donor Signature:	Date:
Donor Signature:	Date:

Public Recognition

Cell Phone: _____

Johnson College may publicly acknowledge my gift/pledge. ☐ Yes ☐ No

This gift/pledge is made in honor/ memory of (please print as it should appear in donor records):

Please send notification of my gift to: Name: _____ Address: City, State, Zip: Special Instructions: ___



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