



ALUMNAE DONOR PLEDGE FORM
Alumnae Donor Pledge Commitment Form

As a DONOR, I personally pledge an annual gift in the amount of \$ _____
to Bennett College to support the annual fund for the 2017 – 2018 fiscal year:

1. I would prefer to make: (please check all that apply)

- One annual payment \$ _____
- Quarterly payment \$ _____ Billed Quarterly
- Monthly payment \$ _____ Billed Monthly
- Please bill me \$ _____ for my pledge starting _____ (date)

2. Payment Method:

- Please debit my bank account through B.E.S.T. (Bennett Electronic Service Transfer)
My voided check is enclosed.
- Enclosed is my check for \$ _____.
- Credit Card - Please charge my gift of \$ _____ to _____
 MasterCard Visa American Express Discover
Card Number _____ Expires (month/year) _____

3. Pledge Commitment Destination:

- Annual Fund _____
- General Scholarship Fund _____
- Other _____

Salutation: Dr. Miss Ms. Mrs. Mr. Other (please list) _____

First Name _____ **Last Name** _____

Chapter _____ **Class Year** _____

Address _____

City _____ **ST** _____ **Zip** _____

Home Phone _____ **Office Phone** _____

Cell Phone _____ **Email Address** _____

To continue to receive mailings and information, please provide an email address

As a supporter of Bennett College, I accept this pledge commitment as my donation for this fiscal year. I will make every effort to fulfill my pledge **on or before June 30, 2018.**

Signature

Date

