

Pledge Form

Thank you for your gift to My Place Teen Center!

CAPITAL CAMPAIGN

Personal Information

Name of Donor(s)			
Address			
City		State	Zip
Home phone		Work pho	ne
Email address			
From time to tir	me, we will list your	name unless	ift ranges in appropriate publications. s you request otherwise.
Name(s) as you wish to be listed	d, if different from	above:	
☐ I/We wish this gift to be and ☐ I/We prefer that this gift not ☐ Gift/Pledge Informati	be listed in any N	My Place Te	en Center publications.
I/We make a gift/pledge of \$ —			
I/We would like this gift to be:	☐ Unrestricted ☐ Restricted (N		ign rtunities as outlined in solicitation packet)
Signature			
Spouse/Partner signature (if ap	plicable)		
Date			

Pledge Payment Options

Contributions may be spread over 3 years. Please indicate your choice below.

Completed forms can be mailed to: Campaign Office, MPTC, 755 Main Street, Westbrook, ME 04092

I/We will give \$ a year for years
Pledge payments will begin (month/year) / and will be paid: monthly quarterly semi-annually annually
Please send reminders: monthly quarterly semi-annually annually no reminders
☐ Credit Card/Debit Card (linked to your checking/savings account):
Number:
Exp. date: / CVC Code (3 digit code on back of card):
Signature:
Charge scheduled payments of \$ in the following months: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
Cash or Check: \$\\$ is enclosed. Please make check payable to "MPTC" with "Capital Campaign" in the memo line.
☐ Matching Gift: In addition to my own personal gift commitment, will match my gift. I have enclosed the completed form.
□ Deferred Gift: Gift type □ Will Bequest □ Revocable Living Trust □ Life Insurance □ Retirement Account □ Charitable Remainder Trust □ Other
Exact Language of Provision - Please attach a copy

If you prefer to pay online, please visit myplaceteencenter.org/donate to make your payment.



Thank you for your gift!
MyPlaceTeenCenter.org/thefuture