



trevvett court

TREVVETT COURT CAPITAL CAMPAIGN

PLEDGE FORM

Name: _____
Please print your name(s) as you would like it to appear on donor recognition.

Address: _____

City, State: _____ Zip: _____

Phone: _____ Email: _____

In support of The Carmel Foundation's capital campaign to rebuild Trevvett Court,
please accept this pledge of \$_____ to be paid as follows:

Full Amount Enclosed: \$ _____

Individual Payments of: \$ _____ over _____ years

Please bill my credit card: Master Card VISA

Card Number: _____ Exp. Date: _____

Please bill me starting: _____

Annually Semi-Annually Quarterly Monthly

Or As follows: _____

Signature(s)

Date

Reserved Naming Opportunity: _____

*Gifts to The Carmel Foundation are tax deductible as provided by law.
Our Tax ID is #94-1225368*

The Carmel Foundation PO Box 1050 Carmel, CA 93921