



MORaine PARK FOUNDATION, INC.
ANNUAL FUND PLEDGE FORM

- I would like to support Moraine Park programs with a charitable gift of \$ _____ to the Moraine Park Foundation, Inc.
___ **Check enclosed.** Please make check payable to Moraine Park Foundation, and mail in enclosed envelope.
- ___ **Charge my** VISA  MasterCard  Account No. _____ Exp. Date _____
Amount \$ _____ Authorized Signature _____
- My employer will match my gift (please enclose your matching gift form).

Please indicate your preference for the use of your gift:

- Unrestricted/Area of Greatest Need
- General Scholarship
- Designated Scholarship – for a list of scholarship funds, go to www.morainepark.edu

Need more information?

- I would like more information on memorial gifts and donations.
- I am interested in establishing a restricted scholarship fund or endowment.
- I would like to include the Moraine Park Foundation, Inc., in my will.

Name _____ Address _____
City _____ State _____ Zip Code _____
Company _____ Telephone (day) _____
E-Mail _____ Date _____

Thank You! Contributions are tax deductible to the full extent of the law.