

FINAL EXAM



**I / WE WISH TO MAKE A GIFT TO BENEFIT THE
THREE PILLARS INITIATIVE IN THE AMOUNT OF:**

TOTAL GIFT AMOUNT: \$ _____

PLEDGE INFORMATION:

INITIAL PAYMENT: \$ _____ BALANCE: _____

PAYABLE: _____ ONE TIME / OR OVER YEAR(S): _____ 2 _____ 3

BEGINNING DATE: _____

PAYMENT SCHEDULE: _____ MONTHLY _____ QUARTERLY _____ SEMI-ANNUALLY _____ ANNUALLY

NAME / COMPANY INFORMATION:

NAME (AS YOU WISH IT TO APPEAR ON CAMPAIGN MATERIALS)

PHONE

EMAIL

ADDRESS

CITY, STATE ZIP

PAYMENT INFORMATION:

☐ CREDIT CARD: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CARD #

EXP. DATE

CSV #

PRINT NAME

SIGNATURE

DATE

☐ CHECK: PAY TO - THREE PILLARS INITIATIVE
MAIL TO - P.O. BOX 4077, OAK PARK, IL 60303-1286

☐ ONLINE: THREEPILLARSINITIATIVE.EJOINME.ORG/EXPANSION