

## Jesup Capital Campaign Pledge Form

Yes! I wish t	o commit \$	to the J	esup Capita	l Campaign.
Names:	(please print names	as you wish them to appea	ar in donor acknowle	dgment material)
Address:				
Phone:				
Email Address:				
Signature (1):			Date: _	
Signature (2):			Date:	
I/We prefer to ren	nain anonymous in any p	ublications		
	gift and my/our check fo Memorial Library with "Capita			
I/We wish to pay of	our contribution in the fol	llowing installments		
2022:Month/A	2023:	Month/Amount	2024:	Month/Amount
2025:Month/A	2026:	Month/Amount	_	
This contribution is in h	onor/memory of:			
Please apply my contribut following named gift opp	ntion to the cortunity:			