Pledge Agreement

LEGACY OF LEADERSHIP FUND

The College for Officer Training (CFOT) Endowment

Donor Information and Intent

DONOR INFORMATION:

DONOR(S') NAME(S): _____

Exactly as it should appear on all forms of recognition and/or publicity

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL(S): _____

PHONE NUMBERS: _____

PLEASE SPECIFY: ____ CELL ____ HOME ____WORK

DONOR(S') INTENT:

IN SUPPORT OF THE MISSION OF THE SALVATION ARMY, I/WE, _____, AGREE TO SUPPORT THE SALVATION ARMY ***CFOT ENDOWMENT FUND*** **(00061684)** WITH THIS CONTRIBUTION. IT IS MY/OUR INTENTION THAT THIS GIFT BE USED TO SUPPORT THE SUSTAINABILITY OF CFOT THROUGH THE ESTABLISHED ENDOWMENT FUND.

TOTAL COMMITMENT: $_____

COMMITMENT SCHEDULE:

- ❑ OUTRIGHT CONTRIBUTION (RECEIVED TODAY)
- ❑ ANNUAL PAYMENTS ❑ SEMI-ANNUAL PAYMENTS ❑ QUARTERLY PAYMENTS
- ❑ MONTHLY PAYMENTS ❑ OTHER (PLEASE SPECIFY)

PAYABLE OVER: _____ YEARS TOTAL AMOUNT PER INSTALLMENT: _____

PAYMENTS TO BEGIN: _____ (*MONTH/YEAR)*

PAYMENTS TO END: _____ *(MONTH/YEAR)*

RECOGNITION:

- ❑ THIS CONTRIBUTION IS TO REMAIN COMPLETELY ANONYMOUS.
- ❑ THE SALVATION ARMY MAY RECOGNIZE THIS CONTRIBUTION PUBLICALY

❑ SPECIAL INSTRUCTIONS ABOUT RECOGNITION (PLEASE USE SPACE BELOW)

_____

_____

DONOR(S) SIGNATURE(S):

_____ DATE: _____

_____ DATE: _____

If paying by check, please make check payable to The Salvation Army. Specify in the notes- CFOT Endowment Fund (00061684). If paying via stock and/or securities, please contact Hope Bradley Hnat at 845-213-0676 or Hope.Hnat@use.salvationarmy.org for instructions. If paying by credit card, please contact THQ Gift Processing at 845-620-7721. You may give online using the QR code provided.