



St. Anthony Trust of Hartford, Inc.

Preserving and Protecting the Hall for the 21<sup>st</sup> Century

Alumni Relations Office ☎ P.O. Box 876, Ithaca, NY 14851-0876 ☎ 770-903-3987

## Campaign Pledge Agreement

I, \_\_\_\_\_, accept the invitation to join my brothers and hereby do pledge and agree to contribute the sum of \$ \_\_\_\_\_ as part of the **Preserving and Protecting the Hall for the 21<sup>st</sup> Century** Campaign.

My gift will be paid in the following manner:

- One-time payment
- Quarterly (Jan/Apr/Jul/Oct)
- Semi-annually
- Annually
- Stock (publicly traded)
- Other: \_\_\_\_\_

Plan to be paid over

\_\_\_\_\_ years  
[Maximum 5 Years]

I am affiliated with a company that has a matching gift program. Employer: \_\_\_\_\_

Start Date (please select one):  January  April  July  October 20\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Epsilon Year: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Method:

- Check  Stock (publicly traded)
- Credit Card: \_\_\_ Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Discover

**Credit card payments** will be automatically deducted according to the payment schedule.  
Please select one:  monthly  quarterly  semi-annually  annually

Account No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: Please make check payable to the "St. Anthony Trust of Hartford, Inc."

### Gift to be made:

- In my name as printed above
- Anonymously
- In honor of: \_\_\_\_\_
- In memory of: \_\_\_\_\_

### Please send this Pledge Agreement to:

ST. ANTHONY TRUST OF HARTFORD, INC.  
Campaign Headquarters  
P.O. Box 876 | Ithaca, NY 14851-0876

### For further information, please contact:

Dorothy Wsocki, Account Manager  
T: 607-533-9200 ext 224 F: 607-533-9218  
E: [dwsocki@elevateims.com](mailto:dwsocki@elevateims.com)