

Phase 2- "Building for Belonging" Pledge Form

	10	tal Contribution:			
I/We proudly pledge a gift in support of Rock Hill Miracle Park!					
Donor Contact Information:		unt of my gift can be paid all at once or over time in which I have indicated below.			
Title:	One Time Gift				
Full Name(s):	By Date:	Payment Type: Check/Cash Credit Card			
Street		-or-			
Address:	☐ Pledged Gift (I	Pledged Gift (Equal installments of at least \$1,000.)			
City, State & Zip:					
Email:	Equal annual installment amount \$:	# of years: (max. 5)			
Phone:	Installment #1 Date:	Payment Check/Cash Type: Credit Card			
Company:	Installment #2 Date:	Payment Type: Check/Cash Credit Card			
For donor recognition purposes, please use the following name(s) or specify "anonymous":	Installment #3 Date:	Payment Type: Check/Cash Credit Card			
	Installment #4 Date:	Payment Type: Check/Cash Credit Card			
	*Credit card information may be completed online at www.miracleparkrockhill.com				
This gift is made in honor or memory of: Send acknowledgment of this memorial or honorarium to:		voice to fulfill my pledge. Please following address:			
Thank you for supporting Miracle Park!		I work for a matching gift company. Please list company name and contact information:			
Full Name:	_				
Signature:					

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