

CHROSTWAITE INSTITUTE
ANNUAL GIVING CAMPAIGN
DONATION & PLEDGE FORM

Yes! I want to donate to the Chrostwaite Institute! Please complete this form and enclose it with your check payable to the Chrostwaite Institute. Mail to 2941 N. Front Street, Harrisburg, PA 17110.

(Option 1) I would like to support the Institute as a/an:

_____ Leading Partner (\$2,000 or greater)

_____ Patron Partner (\$1,000 - \$1,999)

_____ Sustaining Partner (\$500 - \$999)

_____ Associate Partner (up to \$500)

Amount enclosed \$ _____

(Option 2) I wish to pledge a total of \$ _____

This gift will be payable at the rate of \$ _____ per month for _____ months.

_____ Please bill me each (check one) month _____ or year _____.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Daytime Phone: (_____)- _____ - _____

Evening Phone: (_____)- _____ - _____ EmailAddress: _____

The Chrostwaite Institute is a 501 (c) (3) nonprofit organization under the Internal Revenue Service code.

All donations are tax deductible to the full extent allowed by law.