

PLEDGE FORM

Amount of pledge total \$ _____ to be paid over the next five years

How I would like to pay:

- One time gift of \$ _____ Annual payment of \$ _____ Monthly payment of \$ _____ Quarterly payment of \$ _____

I would like to pay by:

- Check ACH Check Routing # _____ Account # _____
 Credit/Debit Card

I would like my payment to be the _____ day of the month (60 payments)

I would like my quarterly payment to start the month of _____ on the _____ day of the month (20 payments)

Credit/Debit card # _____ exp _____ CVV _____ Phone: _____

Billing Address: _____
Street _____ City _____ State _____ Zip _____ Email: _____

Name _____ Signature _____

Checks are made payable to: Joplin Scottish Rite Cathedral Preservation Association Inc. **Mait:** 505 S. Byers, Joplin MO 64801 **Fax:** 417-623-3565 **Email:** valleyofjoplin@gmail.com