



Adisadel Foundation
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PLEDGE FORM

Adisadel Centenary Capital Campaign

(Please use capital letters and use a separate form for each donor)

Name: _____ Year Group: _____ House: _____

Address: _____

Phone-Office: _____ Home: _____ Cell: _____

E-mail address: _____

Donation in Memory of: _____ Relation _____

I pledge to donate \$ _____ to the Adisadel Centenary Capital Campaign

Primus Circle Recognition: Yes No

ENCLOSED is my check payable to the Adisadel Foundation, Inc for \$ _____

CHARGE my: Master Card Visa Amex Discover

Card # _____ Expiration Date: _____

- As a **one-time** gift of \$ _____ equal to my pledge amount
- As a recurring **monthly** gift of \$ _____ on the 16th of each month for 24 months
- As a recurring **quarterly** gift of \$ _____ on the 16th of each* ____, ____, ____, ____ for 8 quarters
- As a recurring **annual** gift of \$ _____ on the 16th of each* _____ for 2 years

*State month or months

Signature _____ Date _____