



*Bridging the Needs Gap and
Breaking the Cycle of Poverty
In our Communities*

Expansion Campaign Pledge Form

Franklin Community Center's services are important to our communities. I want to help them provide those services by supporting their Expansion Campaign.

Name(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

May we recognize your gift in our Campaign materials? Yes No, I prefer to remain anonymous.

Gifts over \$5,000, with permission, will be recognized on Campaign related materials and on donor installment at new building

How would you like to be recognized on Campaign materials? _____

I/We pledge \$_____ to Franklin Community Center's Expansion Campaign, and will pay as scheduled, below.

An initial payment of \$_____ on _____. The balance to be paid as follows:

\$_____ on, or before, _____/2022

\$_____ on, or before, _____/2023

\$_____ on, or before, _____/2024

___ Please send me payment reminders to: _____

___ Please charge my credit card for my pledge on the dates noted above.

Signature: _____ Date: _____

Name as it appears on Card: _____

Card Number: _____ Card Type: VISA DISCOVER MASTERCARD

Expiration: _____ Security code: _____ Zip Code Associated with Card: _____

Thank you for your generosity. Please mail this completed form to:
Franklin Community Center - 10 Franklin Street Saratoga Springs, NY 12866
Questions can be directed to Kari Cushing at (518)587-9826