



CONTRIBUTION AND PLEDGE FORM

___ I/We are pleased to make a contribution to the Community Family Center for general support of the organization and its mission in the amount of \$_____.

My/our gift commitment will be paid as specified below.

A. ___ Payment in the full amount of \$_____ is enclosed.

B. ___ Pledge in the amount above will be paid as follows:

___ Partial payment of \$_____ is enclosed.

___ The balance will be paid as follows:

\$_____ by date: _____

\$_____ by date: _____

\$_____ by date: _____

C. ___ Transfer of stock or other appreciated assets*.

Name of donor(s) _____
(Please print as you would like your name(s) to appear in donor listings)

___ I/we would like our contribution to be anonymous.

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Bus. Phone () _____ Email _____

Signature of donor(s) _____ Date _____

_____ Date _____

Credit card: ___ MC ___ Visa ___ # _____ Expiration Date _____

Please visit our website to make your gift online using PayPal: www.communityfamilycenter.org

My company _____ will match this contribution.
(name of company)

(I will forward the matching gift form to CFC)

Thank you for your generous support of the Community Family Center. Your contribution is deductible to the fullest extent of the law as no goods or services were provided in consideration of your contribution.

**Please make checks payable to Community Family Center and mail to:
580 Roger Williams Suite 23
Highland Park, IL 60035**

*Please contact our Executive Director 847-433-5846 to arrange for the transfer.