



Chapin Woman's Club



Friend's Donation Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded ___ not applicable

Acknowledgement Information (for Chapin Woman's Club Website posting)

Please use the following name(s) in all acknowledgements:

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___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Chapin Woman's Club
P.O. Box 42
Chapin, SC 29036

Dear Friend, Thank you for your generous donation!