



Campaign for the Clemens Center: Phase 2 Pledge Form

Yes, I/We are pleased to make a commitment of \$ _____ to the Campaign for the Clemens Center: Phase 2.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

SIGNATURE: _____ DATE: _____

I/we would like to discuss named gift opportunity(s) to permanently recognize my/our gift at the Clemens Center.

I would like to reserve the following named gift opportunity(s): _____

I would like to discuss a named gift above \$25,000.

Pledge Payment Options

Enclosed is a check for \$ _____ made payable to the Clemens Center. Please bill me for the balance:

\$ _____ quarterly over three years Beginning (date): _____

\$ _____ annually over three years Beginning (date): _____

Please charge my (circle one): VISA /Mastercard/Discover/AMEX

\$ _____ quarterly over three years Beginning (date): _____

\$ _____ annually over three years Beginning (date): _____

Name as it appears on card (please print): _____

Card Number: _____

Expiration Date: _____

Signature: _____

Please mail completed form to:
Clemens Center
PO Box 1046
Elmira, NY 14902
607-733-5639