



Community Colleges Initiative Pledge Form

Please complete this form and return the signed copy to:
Second Harvest, 1234 East Front Avenue, Spokane, WA 99202
Fax (509) 534-8252

Please retain a copy for your records.

Donor Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Payment Information – Please Select from the Following

Annual pledge amount: \$ _____

Credit Card Information:

Pledge period:

- 2-year pledge
- 3-year pledge
- One-time gift

Name as it appears on credit

Credit card number

Total pledge: \$ _____

Expiration date and security code

Please bill me.

Please invoice me annually on _____.

Donor Recognition

I/we wish to be recognized as follows: _____

I/we wish to remain anonymous.

Special Instructions

Donor Signature: _____ Date: _____

Thank you for your support.

Second Harvest Inland Northwest is a 501(c)(3) nonprofit organization with a tax identification number of 23-7173826.