



The Summit Foundation
Soul of the Summit

2019 Pledge Form

Thank you for pledging your support to The Summit Foundation. Your commitment is appreciated and will help those in our community who need it most.

Donor Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Pledge Amount:

\$ _____

I/We would like the donation to occur:

- One-time gift on _____
- Monthly on _____
- Annually on _____
- Other (please specify) _____

Payment Details:

- I will fulfill this pledge online at <http://www.summitfoundation.org/give/donate>
- I will mail a check to the address below.
- I would like to have the gift transferred from my Donor Advised Fund.
- I will initiate a donation of stock, please send me instructions.
- Please send me a pledge invoice.

Please print your name(s) as you wish to be acknowledged.

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- I/We wish to remain anonymous.

Thank you for your generosity and support of our community!

Donor Signature

Date

Please return to The Summit Foundation

P.O. Box 4000 • 103 S. Harris Street, Suite 201 • Breckenridge, CO 80424

Email: megan@summitfoundation.org • Phone: 970-453-5970

For your reference, our Federal Tax ID number is 74-2341399. All donations are tax deductible.