



501 c (3) non-profit organization supporting the efforts of Si View Metro Parks
Scholarships | Community Programs | Future Parks

Pledge Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST, Zip Code _____
Phone _____
Email _____

Pledge Information

I pledge a total of \$_____ to be paid: now monthly other.

I plan to make this contribution in the form of: cash check other.

Amount enclosed _____

Check # _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

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

I wish to have our gift remain anonymous.

Signature(s)

Date

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

Si View Community Foundation
PO BOX 346
North Bend WA 98045