

The North Carolina
**THE NORTH CAROLINA
FREEDOM MONUMENT**

FREEDOM GROVE CAMPAIGN PLEDGE FORM

Name: _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Home phone _____ Work phone _____

I/WE WISH TO SUPPORT NCFMP WITH THE FOLLOWING GIFT:

Amount of total pledge payable over three years: _____

Enclosed is my first installment of: _____ or I will make my first installment on: _____

For my remaining payments: Please remind me Annually What month? _____

Semi-Annually What months? _____

Other Please specify _____

ALL PLEDGES ARE DUE IN FULL BY DECEMBER 31, 2010

Signature and date: _____ Date: _____

How do you wish your name to be listed for recognition purposes? Include spouse?

- I wish for my gift to be anonymous
- My gift is eligible for a matching gift by: _____

Payment Options:

- Please make all checks payable to NCFMP and mail to Marsha Warren, Campaign Chair, NCFMP, Post Office Box 3027, Chapel Hill, NC 27516.
- Charge my first installment to: Visa Mastercard
Card Number: _____ Exp. Date: _____
- Please contact me about transferring appreciated stock

ALL GIFTS TO THE NCFMP ARE FULLY TAX-DEDUCTIBLE AS OUTLINED BY THE INTERNAL REVENUE SERVICE