



PO Box 1612 - Norman, OK 73070-1612

Pledge Form
Please Print

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Please choose one of the following:

My check is enclosed.

I would like to make a one-time donation of \$_____ via debit or credit card.

OR

I would like to set up monthly debit/credit card payments of \$_____ per month, starting on

_____ **for _____ months .**
Date

(check one): AmEx Discover MC Visa

Name on Card _____ Card # _____

Billing Address (if different from address above) _____

Expiration Date _____ CVV Code _____

Signature (required) _____ Date _____

I would like to make a one-time donation of \$_____ via Electronic Fund Transfer (EFT)

OR

I would like to set up monthly EFT payments of \$_____ per month, starting on

_____ **for _____ months .**
Date

(check one): Checking Savings

Enclose a voided check or provide: Account # _____ Transit # _____

Signature (required) _____ Date _____