



PLEDGE FORM

Mail Completed Form To:

Hillsdale College
Attn: Gift Processing
33 E. College St.
Hillsdale, MI 49242

Donor Information

Name: _____

Total Amount of Pledge: _____

Pay method:

- Check
 Credit/Debit Card

Send Reminders? Yes No
Auto charge: you will not receive pledge reminders. Yes No

Card Number: _____ Expiration Date: _____

Bank/EFT* Include a voided check

**EFTs occur on the 10th of every month*

Routing Number: _____ Account Number: _____

Other: _____

Designation*: _____

**No written designation defaults to General Operations. You can give to other areas of the College, and it will apply to your pledge installments.*

Installments

Installment frequency: Monthly on _____
Quarterly on _____
Semiannually on _____
Annually on _____

Signature: _____ Date: _____

INTERNAL USE ONLY:

Constituent ID _____ Assigned Solicitor _____

Designation Fund ID _____ Designation Fund Name _____