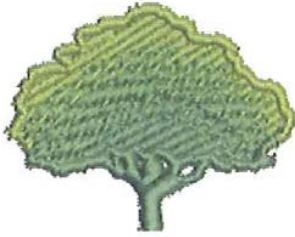


Pledge Form



North Oaks Community Foundation
Connect...Engage...Inspire

Donor Information (please print or type)

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

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

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 (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to North Oaks Community
Foundation.

North Oaks Community Foundation
100 Village Center Drive, Suite 240
North Oaks, MN 55127