

Contribution Pledge Form

CONTRIBUTOR INFORMATION (All of your personal information is kept confidential!)

Last Name: _____, First Name: _____ MI: ____
Street Address: _____ City: _____ State ____ Zip ____
Telephone Numbers: Home (____) _____ Work: (____) _____
E-mail Address: _____

Program of interest (General/Unrestricted unless specified) : _____

This is a corporate donation. Company name _____ Federal Tax ID: _____

DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000 \$2,500 \$1,000 \$ 500 \$100 \$50 Other: \$ _____

A REPEATING DONATION, AS FOLLOWS:

A sum of \$ _____ once every Month Quarter Year, amounting to an annual total of \$ _____.
Please debit the account listed below on the _____ day of the month.

I would prefer that this contribution be kept confidential. Thanks!

METHOD OF PAYMENT

Please debit my checking account. Authorization signature: _____
Bank: _____ Account Type: _____
Routing Number: _____ Account Number: _____
Note: routing numbers are nine digit numbers on bottom left of your checks and account numbers are on the bottom right

Please bill my credit card. Circle type: Visa Mastercard American Express Discover
Account number: _____ Expiration Date: _____
Authorization Signature: _____ Security Code: _____

Securities or stocks. Please call 407-608-8311 or email to info@polisinstitute.org for details.

Check enclosed, Please make checks payable to "Polis Institute, Inc."

Contact me

NOTES

- Contributions to the Polis Institute are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 27-0226465.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more info please visit www.polisinstitute.org or call 407-608-8311 or write info@polisinstitute.org.

Please forward completed form and payment to:
Polis Institute, Inc. PO BOX 560531, Orlando FL, 32856. THANK YOU!!!

