



GISB Annual Fund
'GISB on the Move' Spring Campaign

Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____

Email Address: _____

I/We pledge \$ _____ in support of the GISB Annual Fund.

This contribution will be paid in full by _____

Installment 1: \$ _____ by ____ / ____ / ____

Installment 2: \$ _____ by ____ / ____ / ____

Installment 3: \$ _____ by ____ / ____ / ____

Please send me payment reminders.

Please use the following name(s) in all acknowledgments of the gift:

How can we acknowledge your gift on the Day-of-Giving campaign website?

☐ Show name & amount ☐ Hide amount ☐ Hide name ☐ Hide both

Signed _____ Date _____

Please email signed form to advancement@gisbos.org or drop it off in the main office.