



Fiftieth Anniversary Capital Campaign

Confidential Pledge Commitment

I/We are pleased to support the Summit Volunteer First Aid Squad with the following pledge commitment toward the 50th Anniversary Capital Campaign:

Total Pledge \$ _____ Enclosed is an initial payment of \$ _____

The balance will be paid over: One Two Three years Other: _____

Please send me a pledge reminder: Semi-annually Annually

You may acknowledge my/our name(s) as donors

Please make my/our gift anonymous

Please make my/our gift in memory of: _____

Contribution Information

Cash/Check (Payable to: Summit Volunteer First Aid Squad) Securities (please call me)

Credit Card (please circle): VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Name on Card: _____

Card Number: _____ Expiration Date: _____

My gift will be matched by: _____ (employer)

Matching gift form enclosed Matching gift form will be forwarded to SVFAS

Donor Information

Donor(s): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email Address: _____

Signature(s): _____ Date: _____

Please return pledge form to: Summit Volunteer First Aid Squad, P.O. Box 234, Summit, NJ 07902
 The Summit Volunteer First Aid Squad is a 501(c)(3) corporation. Your contribution is tax deductible as allowed by law.