



Gift Agreement Form- Campaign to Advance Food Security 2019

Donor Name(s): _____

Donor/Contact Title(s) (Mr., Mrs., Dr. and Mrs., etc.): _____

Donor Address: _____

City, State, Zip: _____

Phone: _____ Phone Type: Work Home Cell

Email: _____

Gift Information

Please accept my/our pledge in the amount of: \$ _____

My gift will be paid over ____ years in annual semi-annual quarterly installments.

The first installment will be paid by (Month/Year):

Additional pledge payment instructions:

For donor recognition, I/we wish to be listed as:

I would like my gift designated for the following Naming Opportunity (if applicable):

I give Forgotten Harvest permission to include my/our gift in donor reports, newsletters and similar publications.

To make a payment, please send a check made payable to Forgotten Harvest or contact (248) 298-3421 for alternate payment methods.

Attn: Tim Hudson, Chief Development Officer, Forgotten Harvest, 21800 Greenfield Road, Oak Park, MI 48237

Donor Signature: _____ Date: _____

Forgotten Harvest Representative Signature: _____ Date: _____

Thank you for your generous support!

If in the future, if the purpose for which this gift has been given is no longer valid or viable, Forgotten Harvest will contact the donor to discuss use the funds for another related purpose, always keeping in mind the original intent of the donor.