



**Capital Campaign
Pledge Form**

State College Area Food Bank

Fighting Hunger. Feeding Community. Building Hope.

Date Submitted: ____/____/____

Donor(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Signature: _____

Public Recognition

The State College Food Bank may publicly acknowledge my commitment

YES NO

Print name preference:

Yes, I am/we are committed to making the following total donation/pledge to the State College Food Bank's Capital Campaign.

Terms of Pledge

Total Amount of Pledge:
\$ _____

To be paid as follows:

One-time gift today
OR

One-time payment to be paid
on (date): ____/____/____

Multiple installment pledge:
\$ _____
(amount to be billed each installment)

Beginning on (date): ____/____/____

To be paid over:

1 2 3 years

Please bill me: Annually
 Monthly
 Quarterly
 Other:

Donations can be made as a
single-year commitment or pledged
over a period of up to three years.

Method of Payment(s)

Check

Made payable to:
State College Food Bank

Credit Card

Please contact:
Heather Lee, Business Manager
business@scfoodbank.org
(814) 234-2310

Planned Gifts of Stock

Please contact:
Allayn Beck, Executive Director
allayn@scfoodbank.org
(814) 234-2310

After completing the pledge form,
please return it to:

State College Food Bank
1321 South Atherton Street
State College, PA 16801

To make a secure gift
online, visit:
scfoodbank.org/donate

This gift is made

in honor of: in memory of:

Please send notification of my gift to:

Name: _____

Address: _____

City, State, Zip: _____

THANK YOU FOR YOUR CHARITABLE CONTRIBUTION

Unless otherwise noted, your gift will be considered unrestricted to be allocated according to overall campaign needs. Since no benefits or services will be given in exchange for your gift or pledge, the total amount will be considered a charitable gift deductible under IRS tax guidelines.