



Donation Pledge Form



NAPOLEON FOOD PANTRY

Supporting families in our community with your help.

Donor Information (please print or type)

Name _____

Billing address _____

City, St Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check

Over the next few months we will be working towards making it easier to process donations of _____

all types. Watch the NCS website and facebook page for information about online donating coming soon. _____

Giving us the ability to process your donation online. _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

Napoleon Community Schools

In memo: FOOD PANTRY

200 West Street, PO Box 308

Napoleon, MI 49261