



## MARK STEBBINS COMMUNITY CENTER CAMPAIGN PLEDGE COMMITMENT FORM

I/we pledge to contribute a total of \$\_\_\_\_\_.

I/we understand my pledge to the Mark Stebbins Community Center Campaign must be fulfilled in 3-5 years. This commitment will be fulfilled as follows:

\$\_\_\_\_\_ to be paid on \_\_\_\_\_ & \_\_\_\_\_.  
(date/month/year) (date/month/year)

\$\_\_\_\_\_ to be paid on \_\_\_\_\_ & \_\_\_\_\_.  
(date/month/year) (date/month/year)

\$\_\_\_\_\_ to be paid on \_\_\_\_\_ & \_\_\_\_\_.  
(date/month/year) (date/month/year)

\$\_\_\_\_\_ to be paid on \_\_\_\_\_ & \_\_\_\_\_.  
(date/month/year) (date/month/year)

\$\_\_\_\_\_ to be paid on \_\_\_\_\_ & \_\_\_\_\_.  
(date/month/year) (date/month/year)

☐ I will pay by check. (Payable to Mark Stebbins Community Center).  
Please send me reminder notices.

☐ I authorize MSCC to charge my payments to the following credit card:  
☐ Visa ☐ Mastercard

Card #\_\_\_\_\_ Exp. \_\_\_\_\_ CVV #\_\_\_\_\_

☐ Gift of stock (see Ways of Giving sheet)

☐ My company will match my contributions. My form is enclosed or forthcoming.

I/we choose the following naming opportunity: \_\_\_\_\_

Recognition: Please print name(s) EXACTLY as it (they) should appear for recognition:

☐ My gift is in memory or honor of:

☐ I wish to remain anonymous. (Please fill out information below for MSCC records)

Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact Jeanine Tousignant of Jeanine & Company, Campaign Counsel at 603-714-0049 or  
info@markstebbinscommunitycenter.org if you would like to discuss other  
pledge options or have questions about the Campaign. THANK YOU!

**Mark Stebbins Community Center | 497 Hooksett Road, Unit 326 | Manchester, NH 03104**