



INVESTOR PLEDGE CARD

Name _____

Organization/Company _____

Desired Recognition Name _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

I/we pledge to make gifts of \$ _____ annually for _____ year(s) for a total of \$ _____ to support the Tri-County Cradle-to-Career Collaborative. Donations for the second and third year are conditional upon the receipt of a status report of the supported program and my/our approval of the progress of the program and expected future activities. I/we intend to pay according to the following schedule: (reminders will be sent)

Year 1 - 2016 Month (s) _____ Amount \$ _____

Year 2 - 2017 Month (s) _____ Amount \$ _____

Year 3 - 2018 Month (s) _____ Amount \$ _____

Payment Options:

Check Enclosed for Year 1 Invoice Requested

Credit Card: To make your gift by credit card, please call us directly at 843-732.8222.

Other Investor Instructions _____

Signature _____

Date _____

Please make checks payable to Tri-County Cradle to Career Collaborative.
1250 Supply Street | North Charleston, SC 29405

If you have any questions, please contact Amy Asper
at Amy@TriCountyCradleToCareer.org or 843.732.8222.