

Friends of the Village Foundation
ANNUAL PLEDGE CARD

Yes, I want to be counted as a Friend of the Westminster Village Foundation and will pledge to support it for this year with a gift(s) in the amount of \$ _____.

_____ Enclosed is my check for the full year. Make check payable to Westminster Village Foundation, Inc.

_____ Charge my gift to my credit card. Circle: VISA or MASTERCARD
Credit Card # _____ Exp. Date ____/____

_____ I wish to pay quarterly in four equal amounts and enclosed is my first payment.

_____ I wish to have \$_____ added EACH MONTH to my monthly statement from the Village.

_____ Enclosed is a check for \$_____ and during the year I will pay the balance of my pledge as memorial gifts. If my pledge is not fulfilled through these gifts, I will pay the balance with a check or credit card at the end of the year.

Signature _____ Date _____

Address _____

Return completed form to:
Westminster Village Foundation, Inc., 2741 N. Salisbury Street, West Lafayette, IN 47906