

# Contribution Pledge Form

## CONTRIBUTOR INFORMATION (All of your personal information is kept confidential!)

Primary area of interest \_\_\_\_\_

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This is a corporate donation:

Company name \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

## DONATION

### A ONE-TIME DONATION, IN THE AMOUNT OF:

\$5,000  \$2,500  \$1,000  \$ 500  \$100  \$50  Other: \$ \_\_\_\_\_

### A REPEATING DONATION, AS FOLLOWS:

A sum of \$ \_\_\_\_\_ once every  Month  Quarter  Year, amounting to an annual total of \$ \_\_\_\_\_.

Please debit the account listed below on the \_\_\_\_\_ day of the month.

## METHOD OF PAYMENT

Please debit my checking account. Authorization signature: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Type: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Note: routing numbers are nine digit numbers on bottom left of your checks and account numbers are on the bottom right

Please bill my credit card. **Circle type:** Visa Mastercard American Express Discover

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

Securities or stocks. Please call 407-608-8311 or email to [info@polisinstitute.org](mailto:info@polisinstitute.org).

Check enclosed, Please make checks payable to "Polis Institute, Inc."

Contact me

## NOTES

- Contributions to the Polis Institute are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 27-0226465.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more info please visit [www.polisinstitute.org](http://www.polisinstitute.org) or call 407-608-8311 or write [info@polisinstitute.org](mailto:info@polisinstitute.org).

Please forward completed form and payment to:

**Polis Institute – P.O. Box 560531 Orlando, FL, 32856-0531. THANK YOU!!!**

