

PLEDGE FORM

Please complete the required information so we may properly record your gift. (Your privacy is important to us. Your information will not be sold or used in any unauthorized manner.)



1

MY INFORMATION

First Name

Last Name

Home Address

City/State

Zipcode

Email

Home Phone

Cell Phone

Spouse's Name (if giving is combined)

☐

I/we wish for our gift to remain anonymous

☐

I/we work for a matching-gift company

2

MY GIFT

As an investment in the Eswatini Partnership, I/we will commit a gift in sum of \$ _____ to be paid in cash, securities, and/or other property of equivalent value.

PLEDGE:

Total Commitment

Amount Paid

Balance Due

Check of \$

enclosed

(made payable to Eswatini Baptist Mission)

BALANCE TO BE PAID:

Payment Frequency

Installment Amount

Beginning Date

PLEDGE REMINDERS:

☐

Monthly

☐

Quarterly

☐

Annually

3

MY IMPACT

DESIGNATION OF GIFT:

☐

Greatest Needs of the Eswatini Partnership

☐

Direct My Gift Towards:

☐

In Memory of:

☐

In Honor of:

Send acknowledgement of honoree to this address:

4

SIGNATURE

Donor Signature

Date

Eswatini Partnership Signature

Date

THANK YOU FOR YOUR SUPPORT!

Eswatini Baptist Mission | 113 N Harvey St. Washington, NC 27889
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