

Macomb Educational Foundation Pledge Card

Full Name/s _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

E-mail Address _____

I / we wish to make an investment in our future with a gift of:

\$25 \$50 \$75 \$100 Other \$ _____

I pledge

\$ _____ per year for _____ years.

You may designate a certain fund for your gift. If no designation is made, the funds will not be restricted. Your options are:

- Unrestricted* Funds will be invested with the Foundation Board direction
- Restricted* Please Specify _____
- Endowment* Only interest from investments can be used for projects you may designate.

I would like more information about including the Foundation in my will.

I would like more information about the Foundation's Endowment Fund.

Please make checks payable to:
The Macomb Educational Foundation

Please mail checks to:
The Macomb Educational Foundation
323 W. Washington St.
Macomb, IL 61455

Phone: 309-833-4161 • FAX: 309-836-2133