

1030 APOLLO WAY, STE 200 SANTA ROSA, CA 95407 (707) 708-7080

CTESONOMACOUNTY.ORG

| - 6 | \overline{C} | - 6 |
|-----|----------------|-----|
| | (U) | - 1 |



PLEDGE COMMITMENT FORM

| As an investme | nt in CTE Foundation, I/we | hereby agree to mo | ake the following pled | lge commitment. | | |
|---------------------------|--|--|-------------------------|---------------------|-------------|--|
| Total Amoun | t: \$ | | One-time gift | Pledge (det | ails below) | |
| Pledges may | be fulfilled over a perio | d of up to three y | years. Please indica | ate payment schedul | e below. | |
| | Year | Month | Amount | | | |
| | 20 | | \$ | | | |
| | 20 | | \$ | | | |
| | 20 | | \$ | | | |
| Pledge reminders | s will be sent the month prior t | o the due dates indic | ated in the above payme | ent schedule. | | |
| | | | | | | |
| NAME | | TITLE | | | | |
| NAME OF COMP | ANY or SPOUSE/PARTNER (I | F APPLICABLE) | | | | |
| ADDRESS | | | CITY/STATE | ZIP CODE | | |
| PREFERRED PHONE | | | PREFERRED EMAIL | | | |
| Name as you | would like it to appear o | on donor recogn | ition lists: | | | |
| ☐ I/We wish n | ny/our gift to remain anonyn | nous | | | | |
| Signature | | | Date | | | |
| Signature (if applicable) | | | Date | | | |
| | Payment Please make checks payable CTE Foundation, 1030 Apol Credit card payments are m | e to CTE Foundatio lo Way, Santa Rosa, | CA 95407 | org/donate | | |
| • | My employer,, will match my gift. | | | | | |

If you have questions or wish to make a gift of publicly-traded securities, please contact Kristin Loheyde, Director of Resource Development, 707.775.5730 or kristin@CTEsonomacounty.org

INNOVATING THE EDUCATION-TO-CAREER EXPERIENCE TO STRENGTHEN ECONOMIC DEVELOPMENT AND STUDENT SUCCESS