

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

CTESONOMACOUNTY.ORG







PLEDGE COMMITMENT FORM

As an investment in CTE	Foundation, I/we hereby agree	to make the following	ı pledge comr	nitment.	
Total Amount: \$		One-time §	gift	Pledge (details	below)
Pledges may be fulfil	led over a period of up to t	hree years. Please i	ndicate you	ır payment sche	dule below.
Year Month(s)/Qua		ly/Semi-Annual	Amount(s)		
□ 202 5				· · · · · · · · · · · · · · · · · · ·	
□ 2026					
□ 202 7					
*Pledge reminders will be e	emailed one month prior to the du	e dates indicated in the c	ıbove paymeni	t schedule.	
NAME	TITLE (IF APPLICABLE)				
NAME OF COMPANY (IF A	PPLICABLE)				
NAME OF SPOUSE/PARTN	IER (IF APPLICABLE)				
ADDRESS		CITY/STATE	ZI	P CODE	
PREFERRED PHONE	PREFERRED EMA	PREFERRED EMAIL ADDRESS			
Name as you would like	it to appear on donor recogn	ition lists:			
	ft to remain anonymous				
Signature			_ Date		
Signature (if applicable)		_ Date		
	Payment Options: ake checks payable to CTE Foun CTE Foundation, 1030 Apollo W	/ay, Suite 200, Santa Ro	•		
 Credit card payments can be made securely online at ctesonomacounty.org/support-us/ My employer,					
• My empi	oyer,	, will match h	ny gnt.		

If you have questions or wish to make a gift of publicly-traded securities, please contact Andriana Duckworth, Director of Development & Marketing, 707.490.8171 or aduckworth@ctesonomacounty.org