



## **PLEDGE FORM**

## **GOLF COURSE FUND**

Name	
Billing Address	
City, State, Zip	
Phone 1   Phone 2	
Email   Fax	
>> PLEDGE	
I (we) donate a total of \$	to be paid by January 2, 2019.
I (we) plan to make this	contribution in the form of:   cash   check   credit card   other
Credit card type:	□ VISA □ MC □ AMEX □ Discover
Credit card number:	Exp. Date: CSV:
Authorized signature:	
>> GIFT WILL BE MA	ATCHED BY (COMPANY/FAMILY/FOUNDATION)
□ form enclosed □ form	will be forwarded
>> ACKNOWLEDGE	MENT
Please use the following	name(s)in all acknowledgements:
□ I (we) wish to have ou	gift remain anonymous.
Signature(s)	Date
Please make checks, co	rporate matches, or other gifts payable to:
	The Friends of Lake Bluff Parks 355 W. Washington Ave.

Contact us: 847-234-4150 www.friendsofLBparks.org

Lake Bluff, IL 60044