

Humane Society of Washington County, Inc. Planned Giving Pledge Agreement

13011 Maugansville Road; Hagerstown, MD 21740
301-733-2060 www.hswcmd.org Federal Tax ID: 52-0542025

DONOR INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: ___ Zip _____

Phone: Home (____) _____ Work (____) _____ Cell: (____) _____

Email: _____

Please keep my contribution and/or name confidential: ___ Yes ___ No

Company Name (if applicable): _____

Donor Signature _____ Date _____

DONATION INFORMATION

A One-Time Donation in the Amount of: \$ _____ Securities/Stock ___ Yes ___ No

A Multi-Year Donation: Total Pledge: \$ _____ to be paid over ___ years at \$ _____ per year

Does your employer match donations? ___ Yes ___ No

If yes, please enclose signed Employer Matching Donation Form.

_____ Planned or Legacy Gift

_____ Bequest

_____ Securities/Stock

_____ Annuity/Trust

_____ Insurance Policy

_____ IRA/401K/Retirement Fund

_____ Endowment Fund

_____ Real Estate

METHOD OF PAYMENT

_____ Check Enclosed (Check # _____)

_____ Electronic Funds Transfer

_____ Credit Card:

Visa/MC/Discover Account Number _____

Expiration Date _____ Security Code _____

Thank you for your support!



**HUMANE
SOCIETY**
of Washington County