Underground of Good

COMMUNITY FOUNDATION

Yes! I want to join the Underground of Good!

I hereby make the following financial pledge*
to the Capital Region Community Foundation's Underground of Good Fund:

$ _____ annually for _____ years

(Annual participation is a minimum of $500/year per individual member)

Payment instructions:

____ Please charge my credit card: ____ *one time* *$500* ____ *monthly* *$42* ____ *quarterly* *$125* ____ *annually* *$500*

Card # _____Exp. date: _____

____ My first payment is enclosed. (Check made payable to: Capital Region Community Foundation)

____ My company will match my gift. Company name:_____

Please list my/our name(s) as follows: _____

_____

Address_____

City_____State _____ ZIP _____

Day phone _____Evening phone _____

Email address _____

Signature_____Date_____

Capital Region Community Foundation
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**this is a statement of intent and is not legally binding*