



PLEDGE AGREEMENT

Individual Donor Information: (For a Personal Pledge)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____
E-mail: _____

Business Information: (For a Business or Organizational Pledge)

Name of Business: _____
Name of Business Donor: _____ Title: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____
E-mail: _____

Pledge Information:

Please allocate my pledge of \$_____ to:
___ **General Scholarship** Fund that will be awarded at the next May Scholarship Luncheon
___ **Scholarship Endowment** Fund that will be invested for future scholarship awards

For pledges of \$1,000 or more, please recognize: (Insert Name)

My pledge will be matched by: _____

Payment Information:

The payment schedule that I prefer is:

___ Annual Payment of \$_____ to begin: _____ Total Payment \$_____
___ Quarterly payments of \$_____ to begin: _____ Total Payment \$_____
___ Monthly payments of \$_____ to begin _____ Total Payment \$_____
___ Other: _____

My preferred method of payment is:

___ Check made out to *Hispanic Metropolitan Chamber* :
___ Charge my Credit Card:
Name on Card: _____
Number: _____ Expiration Date: _____

Signature

Date

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