



# Stephenson County Capital Campaign Contribution Form

Please print for correct gift recognition

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Yes, I/we would like to contribute to RAMP's Stephenson County Capital Campaign.

I/we, pledge the amount of \$ \_\_\_\_\_, to be paid in the following manner:

|                           |          |
|---------------------------|----------|
| Total Pledge/Gift Amount: | \$ _____ |
| Amount Enclosed Today:    | \$ _____ |
| Balance Due:              | \$ _____ |

|                          |               |                 |
|--------------------------|---------------|-----------------|
| Balance To Be Paid Over: |               |                 |
| ___ One Year             | ___ Two Years | ___ Three Years |

Please send a Pledge Reminder: \_\_\_ Semi-Annually \_\_\_ Annually \_\_\_ Beginning the month of \_\_\_\_\_, 20\_\_\_

\_\_\_ My gift will be matched by my company. Name of Company: \_\_\_\_\_

\_\_\_ I/We wish to make a payment today via credit card  
(Otherwise please make checks payable to RAMP)

Credit Card #: \_\_\_\_\_

\_\_\_ In Honor/Memory of \_\_\_\_\_  
(circle one if applicable)

Exp. Date: \_\_\_\_\_ Mastercard \_\_\_ Visa \_\_\_

Mail to:

**RAMP Capital Campaign**

2155 W. Galena Avenue | Freeport, IL 61032