



PLEDGE FORM FOR



Making More Room...At The Inn Capital Campaign for a College-Based Maternity and After-Care Residential Facility

Name _____

Knight of Columbus Council Number _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____

Email _____

On behalf of the Knights of Columbus, I / We want to support Room At The Inn's Capital Campaign for a College-Based Maternity and After-Care Residential Facility and endowment with a gift of \$ _____ payable over _____ years (maximum of five years), beginning in _____ (month) _____ (year).

\$ _____ Enclosed

\$ _____ Balance Due

Additional payments will be made on the following schedule:

Monthly \$ _____ per month for _____ months

Annually \$ _____ per year for _____ years

Other _____

____ My/Our pledge includes a matching gift of \$ _____ through _____.

____ My/Our pledge includes a gift of stock or property. (Company)

____ My/Our pledge includes a planned gift. Conditions and terms attached.

____ I/We give permission for my/our name to be listed in donor reports. I would like to be listed as follows:

____ I/We prefer to remain anonymous.

Please charge my _____ MasterCard _____ Visa _____ American Express _____ Discover

Card # _____ Exp. date _____

Please make checks payable to **Room At The Inn** (indicate "K of C for C.C." in memo line)

Room At The Inn, Inc., PO Box 11499, Charlotte, NC 28220-1400

Phone (704) 525 - 4673 ext. 16

FAX (704) 521 - 2751

Signature _____ Date _____

_____ Date _____

IMPORTANT: Please continue your support of our banquet and the other contributions you make to Room At The Inn each year. Gifts in this campaign will be applied to construction of the college-based maternity and after-care residential facility and operational endowment, and are not part of Room At The Inn's annual operating support.