

The Campaign for Black Philanthropy Pledge Form



Yes, I/we would like to make a tax-deductible gift to help the Black Philanthropy Initiative.
I/we gift/pledge: \$ _____

GIFT FULFILLMENT

I/we would like to pay this gift over One Two or Three year(s) as follows:
 Annually Semi-annually Quarterly Monthly Beginning (date): _____
Payment reminders will be sent to you.

NAME(S) *Please print your name(s) as you wish it to appear in Black Philanthropy Initiative materials.*

Check here if you wish to remain anonymous.

ADDRESS

E-MAIL ADDRESS

PHONE NUMBER

SIGNATURE

DATE

GIFT PAYMENT

I/we would like to pay this gift:
 Check/money order payable to Rhode Island Foundation/Black Philanthropy Initiative
 VISA MasterCard

CARD NUMBER

EXPIRATION

3-DIGIT SECURITY CODE

NAME ON CARD

SIGNATURE

- I will contact my company for a matching gift.
- Please contact me to discuss a gift of stock, other assets, a bequest, or other planned gift.
- I/we have not decided on a pledge amount. I/we would like to meet with someone to discuss further.
- I/we would like to host a gathering to spread the word about the Black Philanthropy Initiative.
- Please sign me/us up for your e-newsletter to keep me posted on upcoming activities.

► Please mail your completed pledge form to
The Rhode Island Foundation, Black Philanthropy Initiative,
One Union Station, Providence, RI 02903. Thank you
for your important support. Questions? Call (401) 274-4564

