



YES! I want to support the Council Bluffs Community Education Foundation.

Pledge Form

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail: _____

Please direct my gift to this purpose: _____

I/We pledge to contribute the following amount:

\$5,000 \$2,500 \$1,000 \$500 \$100 Other _____

Payment Options:

Multiple payments (Please specify your pledge for a period of three years or less.)

Bill me equal payments starting on _____ and ending _____

monthly quarterly semi-annually annually

Single payment, on or before _____

I would like to pay by:

Check: Payable to Community Education Foundation

Credit Card: Automatically bill for the payments as described above

Visa Mastercard Discover

Cardholder's name _____

Credit card number _____

CVV from back of card _____ Expiration date _____

Signature _____

Matching gift by my company: _____

Please send this completed form and any payment to:

Council Bluffs Alumni & Friends Network

300 W. Broadway, Suite 212

Council Bluffs, IA 51503

If you prefer to make your gift online, please visit www.cbalumni.org.