



Summit Community Care Clinic Donor Pledge Form

Thank you for your generous gift to the Care Clinic! In order to finalize your pledge, please fill out and sign the following form and return to Jordan by scanning to jschultz@summitclinic.org or sending to **SCCC Attn: Jordan Schultz, PO BOX 4337 Frisco, CO 80443**. For questions, contact Jordan at 970-423-8839

Name _____

Address _____

Phone Number _____

Total Amount Pledged _____

How would you like to pay your pledge?

____ One time payment ____ Monthly Installments _____ Other

If monthly, enter # of months/amount per month _____

How would you like to make your pledge payment?

_____ Check _____ Credit Card* _____ Cash _____ Other

Please enter start and end dates for your pledge *(if not a one time payment)*

Start Date:

End Date:

I, _____ intend to donate \$ _____ to
(full name) *(total amount)*

SCCC by _____. I will notify SCCC staff if my original pledge changes.
(end date)

(signature)

(date)

To make a reoccurring monthly payment by credit card, go to <https://www.coloradogives.org/sccc/overview> and follow instructions to make a reoccurring donation.

