



Pledge Form

Constantia Hueck Foils – Project Gift

Donor Information (please print or type)

Name _____
Billing address _____
City, ST, Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid:

☐ One Time ☐ monthly ☐ quarterly ☐ yearly.

I (we) plan to make this contribution in the form of: ☐ cash ☐ check

Acknowledgement Information

Please use the following name(s) in all acknowledgements: .

☐ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks or other gifts payable
and remit to:

**Constantia Hueck Foils – Project Gift
1111 Northpoint Blvd.
Blythewood, SC 29016
Attn: Joey Smoak**