

Donor/Company Name(s):
Corporate Contact to Receive Correspondence (if a corporate gift):
Address:
City State Zip: (Mark) (Mark)
Phone: (Work) (Mobile)
Email:
MY PLEDGE INFORMATION
I/We pledge a total of: \$
Less: Amount Paid Now: \$
Balance to be Paid: \$
I wish to spread my donation over:
One time gift 1 2 3 4 5 year(s) Beginning/(month/year)
2024 Payment 2025 Payment 2026 Payment 2027 Payment 2028 Payment
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Special Notes:
CONTRIBUTION METHOD
Please send pledge reminders: Annually Semi-annually Quarterly Beginning / (month/year)
Trease send predge reminders. — Annually — Semi-annually — Quarterly — Deginning/ [month/year/
I plan to make a contribution in the form of: Cash/Check Credit card Other
Credit card Information: □ Visa □ MasterCard (Wolfpack Elite Staff will call for credit card information)
Charge on the following date(s) month/year://////
My gift will be matched by: \square Company \square Foundation \square Family Name:
NOTE: Donations are tax deductible to the extent allowed by the law. Tax receipts will be issued at the end of the year your
payment was made. Questions regarding contributions should be referred to your tax advisor.
ACKNOWLEDGMENT
Please print your name as you would like it to appear in formal recognitions and/or publications:
I I I would like my gift to be an anymous and do not want my name listed for recognition
☐ I would like my gift to be anonymous and do not want my name listed for recognition.
Donor Signature Date Date

PLEASE MAKE CHECKS PAYABLE TO: Wolfpack Elite, Inc.

PLEASE REMIT PAYMENT/PLEDGE FORM TO: Wolfpack Elite, Inc., Attn. Lake Johnson Capital Campaign