



## Vision Board Fund Pledge Card

I/We pledge the sum of \$\_\_\_\_\_ per year for \_\_\_\_\_ years, for the total pledge of \$\_\_\_\_\_.

\*Pledges to be invoiced annually.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Tell us, if you wish for your donation to go toward a particular project: \_\_\_\_\_

Make checks payable to Paulding County Area Foundation

In memo line write: Paulding County Vision Board

Check if you wish to be invoiced:

Mail to: Paulding County Area Foundation

101 E. Perry St. Paulding, OH 45879