



PLEDGE COMMITMENT FORM

NAME: _____

STREET ADDRESS: _____

CITY/ST/ZIP: _____

EMAIL: _____ PHONE: _____

My pledge is for: _____ Membership (General Operating) Fund or
_____ Capital Fund

Total Pledge: \$ _____

Pledge Payment Preferences

____ Monthly: \$ _____ for _____ Months
____ Quarterly: \$ _____ for _____ Quarters
____ Annually: \$ _____ for _____ Years
____ One Time

Example of a payment plan:
\$1800 over 3 years
\$50/month for 36 months or
\$150/quarter for 12 quarters or
\$600/year for 3 years

Start payments in the month of _____

I would like my gift to be in memory/honor of _____.

Signature: _____

Date: _____

Make checks payable to the **Cincinnati Zen Center** (write "Membership" or "Capital Fund" in the memo line). Gifts can be dropped off at the CZC donation box or mailed to 3647 West Eighth Street, Cincinnati, OH 45205.