

Pledge Form



Studebaker Family National Association

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 annually for the next 3 years.

I (we) plan to make this contribution in the form of: check or credit card *

*Credit Card payment can be paid through Paypal by going on our website: www.studebakerfamily.org

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 to:

SFNA

Studebaker Family National Association
PO Box 196
Tipp City, OH 45373
E-mail: office@studebakerfamily.org
(937) 405-6539