

# 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](http://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  
6635 S. State Route 202  
Tipp City, OH 45371  
E-mail: [office@studebakerfamily.org](mailto:office@studebakerfamily.org)  
(937) 405-6539