



**SUSTAINING  
THE**

*Seeds of Change*

**PLEDGE FORM**

To assist Four Corners Foundation, I/we pledge the sum of \$ \_\_\_\_\_ payable as follows:

*Please complete both sides of this form & return to: Four Corners Foundation, Post Office Box 5160, Farmington NM 87499*

**PLEDGE**

These gifts provide for current operating support for Four Corners Foundation and provide the greatest flexibility.

- \_\_\_\_ One-time Gift \$ \_\_\_\_\_ before May 31
- \_\_\_\_ Pledge \$ \_\_\_\_\_ per year for  
\_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 years. Payable monthly. Please bill me.
- \_\_\_\_ Automatic Recurring Gifts \$ \_\_\_\_\_ /month. Please bill me.
- \_\_\_\_ I will make my \_\_\_\_ monthly \_\_\_\_ one-time gift by credit card by going to  
[www.FourCornersFoundation.org](http://www.FourCornersFoundation.org).

Please complete your personal information on back.

**LEGACY GIFT**

Planned gifts often entail a gift that is realized in the future, while sometimes, they provide an immediate benefit to both Four Corners Foundation and to you, the donor. There are many variations of gift instruments that may serve you well. Our staff will work to assist you. A sample of vehicles includes: life income gifts, charitable lead gifts, real estate, tangible property, securities, bequests, retirement accounts, and other testamentary plans.

- \_\_\_\_ **YES** I would like to explore a legacy gift.  
Please have someone contact me to discuss these details.

If you know the value of a gift that will be bequeathed to Four Corners Foundation, you can enter that amount as part of your total campaign commitment.

**AMOUNT** \$ \_\_\_\_\_

*Refer to payment information on reverse side.*

# MATCHING GIFTS

Are you and/or your spouse employed by a matching gift company? If so, please obtain the proper form from your employer, complete it, and forward with your gift. (Please do not include your company's match in your pledge amount).

\_\_\_\_ This gift is eligible to be matched.

The name of my company is: \_\_\_\_\_

## DONOR GIFT INFORMATION

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

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

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

\_\_\_\_\_

E-mail: \_\_\_\_\_

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

## PAYMENT INFORMATION

**Enclosed is my first payment of \$** \_\_\_\_\_ .

(for annual and multi-year pledges, reminders will be sent)

**To pay by Credit Card** Go online to [www.FourCornersFoundation.org](http://www.FourCornersFoundation.org) and click the Donate/Give tab.

We thank you for giving thoughtful consideration to your support of



**Four Corners**  
F O U N D A T I O N