

WJCT PUBLIC MEDIA LOCAL JOURNALISM INITIATIVE

PLEDGE AGREEMENT FORM

DONOR INFORMATION (please print or type)

First Name: enter your first name

Last Name: enter your last name

Address: enter your address

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State: enter state

Zip Code: enter zip code

Phone Number: enter phone number

Email Address: enter email address

PLEDGE INFORMATION

I (we) pledge a total of \$: enter amount

I (we) plan to make one-time/yearly/quarterly/monthly payment(s) of dollar amount for number years.

Starting Date: enter date

I (we) plan to make this contribution in the form of: cash check credit card RMD other

Credit Card Number: [Click here to enter credit card number](#)

Expiration Date: enter expiration date

CVV Code: enter 3 or 4 digit code

Signature: enter the name as it appears on your credit card

This gift will be matched by: company family foundation other

The matching gift form is: enclosed will be forwarded

ACKNOWLEDGEMENT INFORMATION – *In keeping with our commitment to journalistic transparency, your name(s) will appear as listed below at jaxtoday.org/about, and your support will not be anonymous.*

Please use the following name(s) in all acknowledgements: enter name(s) here

Signature: enter your name here

Date: enter date

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