



TORCHBEARER LEGACY FUND

Multi-Year Pledge Form

By committing to a minimum \$100,000 multi-year gift, members of the Torchbearer Legacy Fund will allow ISF to build a strong foundation for our expanding mission and improving the quantity and quality of life for young rare cancer patients across Charlotte and beyond.

I/We wish to support the Torchbearer Legacy Fund as follows:

Three-year pledge One-time gift in the amount of \$ _____

IF MAKING A MULTI-YEAR PLEDGE: Total Pledge _____ Start date: _____ End date: _____

Frequency of payments: (select one) Monthly Quarterly Semi-annually Annually

ISF will mail pledge statements based on the schedule you determine is best for you.

PLEDGE PAYMENT Please send me an invoice. Enclosed is the first/total payment of \$ _____

Check (*payable to ISF*) Credit card or debit card

As specified above, I authorize ISF to charge my: Visa Mastercard

Card Number _____ Exp Date _____

Name on Card _____ CVW Code _____

My credit card billing address is the same as the address listed below

If different, please provide billing address: _____

Signature _____ Date _____

MATCHING GIFTS I anticipate my gift will be matched by (specify company)

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Please print how you would like your name listed _____

I wish to remain anonymous *Please scan and email or mail this pledge form and optional payment to the address below.*