

Mail-in Donation / Pledge Form

Donor Information:

Title		First Name	Last Name	Suffix	
 Spouse Title	Spouse	First Name	Spouse Last Name	Spouse Suffix	
 Street		City	State	Zip	—
Home Phone		Mobile Pho	one	Spouse Mobile Pho	ne
Email			Spouse E	mail	—
Gift Inform	nation:				
☐ Iam m	naking a recu naking a pled	time gift of \$ rring monthly g ge of \$ Semi-annually		one):	
			ents unless payments are mo o discontinue them.	de automatically by credit (card. Payments
I would like	e to desigr	nate my gift to	o the following fund	d:	
☐ Treeho ☐ El Rano ☐ Partne	ouse Project F cho Del Obis _k rship Fund fo	oo Endowment F	upports camps, outreacl	n, and retreat scholarsh	nips)
Payment (Options:				
☐ Please☐ I will m	charge my V nake my gift v		or American Express belo securities; please contac		

Credit Card Information:				
Credit Card Number		Exp Date	CVC	
Billing Address:				
☐ Same as above				
Street	City	State	Zip	
Signature (Required for Credit Car		Date		
☐ I would like to cover the c	redit card processing	g fee associated with	my donation	
Other Information:				
☐ I have included or intendat:	I to include The Bishop	o's Ranch in my will, tru (phone or email)		me

The Bishop's Ranch | Attn. Aaron Wright | 5297 Westside Road | Healdsburg | CA 95448 Federal Tax Identification Number: 94-1156840

Please fill out this form and mail it to:

You may also scan and email this form to: advancement@bishopsranch.org