



Lancaster Liederkrantz  
Property Acquisition Fund

# Pledge Form

**Donor Information (please print or type)**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

**Pledge Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
 \_\_\_now \_\_\_monthly \_\_\_quarterly \_\_\_yearly in equal installments of \$\_\_\_\_\_  
 beginning on \_\_\_\_\_.

I (we) plan to make this contribution in the form of:  
 \_\_\_cash \_\_\_check \_\_\_other.

**Acknowledgement Information**

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

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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please return this form to and make checks payable to:

Lancaster Liederkrantz  
 Attn: Acquisition Fund  
 722 South Chiques Road  
 Manheim, PA 17545