

Hillsborough County Bar Foundation

Chester H. Ferguson Law Center
1610 N. Tampa Street
Tampa, FL 33602

Annual Fund 2013 - 2014

Pledge Agreement

Count me in! I /We want to help the Foundation make a difference in the community.

I/We pledge: _____ to be paid by June 30, 2014.

_____ My check is enclosed made payable to the Hillsborough County Bar Foundation (HCBF)

_____ Please bill me \$_____ and send reminder notices --

_____ Monthly beginning on _____ Quarterly beginning on _____

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My gift is _____ in honor of _____ in memory of _____
(optional)

_____ Please charge my gift to my _____ VISA _____ Mastercard or _____ AMEX

Card Number: _____ Expiration Date _____

NAME (s): (Please print) _____

NAME: (for recognition purposes) _____

_____ I/We wish to remain anonymous in any publications.

_____ You may reference my/our pledge for solicitation purposes.

Mailing/Billing address _____

City _____ State _____ Zip _____ Phone _____

Signature (s) _____ Date _____

The document is your receipt for federal income tax purposes. The Foundation is providing no goods or services, in whole or part, for your contribution.

Questions should be directed to:

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