



City of Collinsville Parks and Recreation

City Park Improvements

Pledge Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly.

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

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Acknowledgement Information

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

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

Signature(s)

Please make checks, corporate matches,
or other gifts payable to:

City of Collinsville Parks and Recreation

Date

City of Collinsville Parks and Recreation
101 North Main Street, PO Box 413
Collinsville, TX 76233