



The Flock Pledge Agreement

Thank you for joining The Flock and being a face of hope for others facing the end of life and grief! Please let us know how you would like to set up payments and be recognized for your generosity.

The form below will record all the necessary information for the Shepherd's Cove Foundation's records. It can be changed or ceased at any time by simply contacting the Shepherd's Cove Foundation at 256-891-7724. Please complete the form below and return to:

Shepherd's Cove Foundation
Attn: Foundation Director
408 Martling Road
Albertville, AL 35951

Your information

Name _____

Mailing address _____

City _____ State _____ Zip _____

Primary phone _____ Secondary phone _____

Email address _____

Annual Pledge Amount: \$ _____

I wish to make payments monthly quarterly annually

Beginning date _____

Unless otherwise noted above, gift deductions will take place on the 1st of each month beginning the month after this authorization form has been processed. Your monthly bank statement will itemize the drafts when they occur. Gift receipts will be issued reflecting your gift designation choices.

*I wish to make this pledge in honor or memory of _____

(Payment information on back)

Pay by card

I authorize Shepherd's Cove Foundation to automatically draft payments as indicated above from my credit/debit card.

Card number _____ Exp. _____

CVV (3 digit code on the back) _____

Pay by automatic bank draft

I authorize Shepherd's Cove Foundation to automatically draft payments as indicated above from my account established at:

Financial institution _____

Address/Branch office _____

City _____ State _____ Zip code _____

Routing number _____

Account number _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP.

This authorization will remain in full force and effect until Shepherd's Cove Foundation receives written notification from me of its modification or termination in such time and in such manner as to afford Shepherd's Cove Foundation a reasonable opportunity to act on it.

Signature _____ Date _____

Signature (if joint account) _____ Date _____

Donor Recognition:

Unless you opt out below, your name may be listed as a donor on the Shepherd's Cove Foundation website and/or quarterly newsletter.

Preferred Donor Listing: _____

Example: Mr. and Mrs. John Doe or John and Jane Doe

I wish to opt out of all donor recognition. I want my gift to remain anonymous.