



# Emerald Society Pledge Form

## Donor Information (please print or type)

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

## Pledge Information

I pledge a **total** of \$\_\_\_\_\_ (over 12 months) to be paid:  
 Now     Semi-Annually     Quarterly     Monthly

I plan to make this contribution in the form of:  
 cash     check     credit card

Credit card type	
Credit card number	
Expiration date	Security Code:
Authorized signature	

## Acknowledgement Information

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

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I wish to have the gift remain anonymous.

Signature(s)	Date:
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**RETURN FORM TO:**  
 St. Paul Advancement Office  
 ATT: Kim Edmiston  
 140 Walnut Street  
 Weirton, WV 26062