



Campaign Pledge Form

Donor Name(s) _____

Address _____

City, State Zip _____

Phone _____

Email _____

It is my/our intent to contribute \$ _____ to VPI, Inc. over _____ years in payments as follows:

	Capital Campaign Gift
2024	\$
2025	\$
2026	\$
TOTALS	\$

Signature _____

Date _____

This contribution is a tax-deductible donation to Valley Packaging industries, Inc., DBA VPI, Inc., a 501(c)3 organization (Tax identification number 39-0921632). No goods or services were received in return for this gift.

I/We authorize VPI, Inc. to include this contribution in any appropriate reports and materials. I/We would like my/our names to be listed as:

OR

I/We would like my/our gift to be listed as "anonymous" in any public campaign materials.

PAYMENT TYPE

I/We plan to make this contribution in the form of: Charge EFT Check Enclosed QCD

Frequency of contribution: Monthly Annually

Amount to withdraw _____ Start date _____

CHARGE

Please charge my/our: Visa/MasterCard/American Express

Authorized Credit Card Signature

Credit Card Number _____ Expiration Date _____ Security Code _____

ACH

Routing number _____ Bank _____

Account number _____ Authorization date for transaction _____

Account type: Checking Savings Money market

Please return this pledge form to:
VPI, Inc.
Attention: Development Department
110 N Kensington Dr.
Appleton, WI 54915
give@vpind.com