



## Pledge Payment Schedule Change Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

On \_\_\_\_\_, a pledge of \$\_\_\_\_\_ was made by \_\_\_\_\_ in support of \_\_\_\_\_.

As of \_\_\_\_\_, this pledge has an unpaid balance of \$\_\_\_\_\_.

As the pledge owner, you have requested a change in your original payment plan. Please complete the information below and return this form to the HACC Foundation.

I will be completing my pledge on the following schedule:

The amount of \$\_\_\_\_\_ will be paid:

- Bi-weekly
- Monthly
- Bi-monthly
- Quarterly
- Annually
- Bi-annually
- Other \_\_\_\_\_

Following the above revised schedule, my pledge will be completed on: \_\_\_\_\_.  
(month/year)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the HACC Foundation:**

**Mail:** One HACC Drive, Harrisburg, PA 17110

**Fax:** 717-231-7670

**Email:** foundation@hacc.edu

Thank you!