

# Sioux Empire Home Builders Care Foundation

## Pledge Form

\_\_\_\_\_ Yes, I want to contribute to the HBCF.  
\* Check enclosed.

\_\_\_\_\_ I wish to pledge \$ \_\_\_\_\_ per year for \_\_\_\_\_ years.  
\* First check enclosed.

\_\_\_\_\_ I would like someone to contact me.

\* I would like my contributions to be directed to:

\_\_\_\_\_ Scholarships

\_\_\_\_\_ Community Service Projects

\_\_\_\_\_ Tools for Schools

\_\_\_\_\_ HBC Foundation (all of the above)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

**Please return pledge form and any contribution checks to:**

**Home Builders Association of the Sioux Empire**

**6904 S. Lyncrest Pl.**

**Sioux Falls, SD 57108**