



Pledge Reallocation Form

Donor Name(s) _____

Company Name _____

Address _____

Phone Number _____

Email _____

I would like to reallocate my pledge of \$ _____ payable over _____ years in support of _____.
(initial fund name)

I would like to reallocate my remaining pledge to _____.
(proposed fund name)

Signature: _____ Date: _____

Please return this completed form to:

HACC Foundation
PO Box 8915
Lancaster, PA 17604-9966

Thank you!