



Building Hope & Healing for Tomorrow

CAPITAL CAMPAIGN PLEDGE FORM

Donor(s)*: _____
Address: _____
City: _____ State: _____ Zip: _____
Preferred Phone: _____ Alt. Phone: _____
Email: _____

** Please print your name as you would like to be acknowledged. If you would prefer to remain anonymous, please check this box.*

PLEDGE INFORMATION

YES. I (we) want to contribute to the Safe Passage Capital Campaign
I (we) have enclosed a gift of \$ _____
I (we) pledge the amount of \$ _____ To
be paid over 1 2 3 year(s) in monthly / yearly increments.

PAYMENT INFORMATION

I (we) plan to make my (our) contribution in the form of:
Cash Check Credit Card

Please charge my Visa Mastercard Discover
You may also enter information online at www.safepassagecac.org
***payments will run on the 1st of the month, unless otherwise specified.*

Card No.: _____
Expiration Date: _____ Security Code: _____
Name on the Card: _____
Signature: _____

I (we) wish to make an electronic funds transfer (EFT) from my (our) checking account. *(You will be mailed an authorization form.)*

My (our) gift will be matched by _____ at _____%.
Matching gift form enclosed
Matching gift form can be forwarded via email to ebowker@safepassagecac.org

DONOR SIGNATURE(S)

Signature Date

Signature Date