



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 [radio] Visa [radio] Mastercard [radio] 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

\*\*All pledge forms can be sent to Emily Bowker at ebowker@safepassagecac.org