

HOUSE OF HEALING CAPITAL CAMPAIGN GIFT/PLEDGE FORM



1 MY INFORMATION

Donor/Company Name(s) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

2 MY INVESTMENT IN THE CAPITAL CAMPAIGN

I pledge/give \$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$ _____
in support of the House of Healing Capital Campaign.

Please contact me. I would like to make a gift larger than \$5,000. Contact me for naming opportunity.

I will make my gift today.

I pledge to make a gift of _____ by December 31, 2018.

*We will send a monthly pledge reminder letter to you.

3 PAYMENT METHOD

I plan to make a contribution in the form of: Cash/Check Stock Credit Card Other _____

Circle which card you wish to use: VISA MASTERCARD AMEX DISCOVER

Amount \$, .

Card # Exp Date /

3-4 Digit Security Code

Name on Credit Card (**please print**) _____

Signature _____

4 ACKNOWLEDGEMENT

With gifts of \$500 or more, we will display your name on a plaque in the arena.

Please print below how you would like your name(s) displayed.

Please make checks payable to House of Healing. Thank you!