



Developmental
Disabilities
Ministries

CAMPAIGN GOAL: \$2,600,000

Capital Campaign Donation and Pledge Form

Yes, I/We wish to enrich lives full of community connections and continuous learning in an environment of love and hope for adults with developmental disabilities by pledging my/our support for the LAUNCH! Campaign.

TOTAL PLEDGE: \$ _____

Donor Information

Name(s): _____ Email _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Payment Type and Schedule

1. _____ One time cash gift.

2. _____ A total pledge of \$ _____ to be paid in installments of \$ _____: _____ monthly _____ quarterly _____ annually

My first payment will be (MM/DD/YYYY) _____ Reminders will be sent for future installment gifts.

(We respectfully request all pledges be paid by 12/2020)

3. _____ Please contact me about a gift of: _____ Appreciated Stock _____ Insurance Policy _____ Gift of Real Estate

4. _____ Please contact me about hosting a benefit event.

5. _____ My employer has a matching gift program. (Please contact your human resources office for eligibility and to obtain a matching gift form).

Payment Options

1. I have enclosed a check for \$ _____ payable to Developmental Disabilities Ministries.

2. I prefer to charge my gift to my credit card. (Please visit www.ddmga.org to make a secure donation via credit card).

Signature

Signature _____

All gifts are tax deductible as provided by law.

THANK YOU!