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.ddmg.org to make a secure donation via credit card).

Signature

All gifts are tax deductible as provided by law.

THANK YOU!