

# PLEDGE FORM

**Donor Name** (Print as it should be listed for donor recognition purposes):

Address:

City/State/Zip:

Home Phone:

Work Phone:

Email Address:

I would like to keep my pledge anonymous.

**In support of the *Campaign to Build a New Domestic Violence Shelter***

I/We pledge: \$ \_\_\_\_\_ Over \_\_\_\_\_ years. (1 to 5 years)

\$ \_\_\_\_\_ Matching Amount \$ \_\_\_\_\_ Total Gift/Pledge

**This gift will be matched by:**

Company Name:

## Method of Payment

Full payment is enclosed (Please make check payable to: United Family Services - Capital Campaign)

A payment of \$ \_\_\_\_\_ on the above pledge is enclosed.

Please bill us as follows for the balance

Annually

Semi-Annually

Transfer of Stock or Deferred Gift

(Please contact Libby McLaughlin, Chief Development Officer, 704-367-2705)

Charge my pledge:

VISA

MasterCard

Card Number:

Exp. Date:

Signature

Date

United Family Services is a 501(c)(3) tax exempt organization (ID # 56-0529967)