



CAPITAL CAMPAIGN PLEDGE FORM

DONOR INFORMATION:

Mr. Dr. Rev. Mrs. Miss Ms.
First Name: M.I.:
Last Name:
Address:
City: State:
Zip Code: Phone:
home work mobile
E-mail:
Birthday (month/day):
Church Name (if applicable):

SPOUSE INFORMATION (if applicable):

Mr. Dr. Rev. Mrs. Miss Ms.
First Name: M.I.:
Last Name:
Address:
City: State:
Zip Code: Phone:
home work mobile
E-mail:
Birthday (month/day):
Anniversary (if applicable):

I want to help those experiencing homelessness in our community with a special gift to the Opportunity Campus!

PLEDGE INFORMATION:

Total pledge amount: \$
Start Date: Time Frame: years
Monthly Quarterly Annually
Single Gift
Would you like to receive reminders by mail regarding this gift intention? Yes No
Please send reminders by Mail Email
Gift Note:

MATCHING GIFT:

My/our gift will be matched by (organization name):
Matching gift(s) enclosed Matching gift form will be sent

VAC MAY PUBLICLY ACKNOWLEDGE MY COMMITMENT: Yes No

Donor(s) Signature(s) Date:
Date:

Thank you for your charitable contribution
VAC is a 501(c)(3) not-for-profit organization - federal tax identification number 23-7120750.
Donations are tax-deductible to the extent allowed by law.