



Delta Gamma Center for Children with Visual Impairments

CAPITAL CAMPAIGN PLEDGE FORM

Name(s) to be used in recognition listing: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Phone 2: _____ Email: _____

TO PROVIDE FOR THE CENTER'S CAPITAL CAMPAIGN, I/WE PLEDGE THE TOTAL

SUM OF: \$ _____ (to be paid in cash, securities, or other property of equivalent value)

Signature: _____ Date: _____

Spouse's signature when joint gift: _____ Date: _____

To be named in honor of: _____ In memory of: _____

Total pledge	\$ _____
Paid here	\$ _____
Balance due	\$ _____

Make checks payable to **Delta Gamma Center**

Balance to Be Paid as Follows:

Month	Year	Amount
_____	20__	\$ _____
	20__	\$ _____
	20__	\$ _____
	20__	\$ _____
	20__	\$ _____

Payment schedules other than annual can be arranged.

My/our gift will be matched by the following company/ies: _____

- Form Enclosed Form will be mailed

For Payment by Credit Card:		_____ MasterCard	_____ Visa
Total Amount to be Charged:	_____	Account # _____	Exp. Date _____
Authorized Signature _____		Date _____	

RECOGNITION OF CONTRIBUTORS: All contributions will be recognized in a special campaign honor roll of contributors.

My name may be announced to encourage others to participate in the Center Campaign.

- Yes No

THANK YOU FOR HELPING THE DELTA GAMMA CENTER FOR CHILDREN WITH VISUAL IMPAIRMENTS



Delta Gamma Center for Children with Visual Impairments

A tax receipt will be mailed to you.