



## 555 Thrive Together Capital Campaign Pledge Form

For questions or more information, please contact:

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### DONOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

### 555 CAPITAL COMMITMENT

I/We pledge **\$10,000** in support of the **555 Thrive Together Capital Campaign**:

- Monthly: \$166.67** starting on \_\_\_\_\_ for 5 years (60 payments)
- Quarterly: 416.67** starting on \_\_\_\_\_ for 5 years (24 payments)
- Yearly: \$2,000** starting on \_\_\_\_\_ for 5 years (5 payments)
- Yearly: \$2,500** starting on \_\_\_\_\_ for 4 years (4 payments)
- Yearly: \$5,000** starting on \_\_\_\_\_ for 2 years (2 payments)
- One Time: \$10,000** donation date \_\_\_\_\_
- Other amount over \$10,000** \_\_\_\_\_ donation date \_\_\_\_\_

I/We plan to make my/our contribution in the form of:

- Check     Credit Card     Stock     Other \_\_\_\_\_

Special Instructions \_\_\_\_\_

This gift will be matched with \$ \_\_\_\_\_ from the following company:

\_\_\_\_\_  
*(Most companies require that each subsequent pledge payment be accompanied by a matching gift form.)*

### CREDIT CARD INFORMATION

Full name on credit card \_\_\_\_\_ Exp. date \_\_\_\_\_

Card # \_\_\_\_\_ CVV \_\_\_\_\_

