Capital Campaign Commitment Form



| amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of \$ to support of the John yeake Youth Carlot amount of the John yeake Youth Youth Carlot amount of the John yeake Youth Carlot amount of the John yeake Youth Youth Carlot amount of the John yeake Youth Youth Youth Carlot amount of the John yeake Youth Y | ort the ren | ovations of th | e former thrif | t store located at | |
|--|-------------|--------------------------------|------------------|--------------------|--|
| Timing of gift ☐ A one-time gift is enclosed. | | | | | |
| ☐ A gift will be made in inst (insert date). | tallments o | over a period of | fyears | , starting on | |
| I would like to receive pledge reminder | rs at my: 🗆 | I Home □ Bus | siness / 🗆 Ann | ually 🛭 Quarterly | |
| Payment method | | | | | |
| ☐ Cash or equivalent (Please make che Campaign) | eck payab | le to Jonnycak | e Center for Ho | ope Capital | |
| ☐ Credit card: Please charge my | □ MC | □Visa | □AmEx | ☐ Discover | |
| Credit Card Number: | | | Exp. Date: | | |
| Credit Card Billing Zip Code: | | Security Code on Back of Card: | | | |
| ☐ Gifts of stock or securities. Please of | contact Ka | te Brewster at | (401) 515-7059 | Э. | |
| Other | | | | | |
| Matching Gifts | | | | | |
| ☐ In combination with a matching gift | (please sp | ecify matching | g source) | | |
| Recognition and Records | | | | | |
| ☐ Please make this gift anonymous. | | | | | |
| ☐ Please list my gift in any donor recognized on a plaque in the new built | | grams (Donors | s of \$5,000 and | above will be | |
| Name(s) (as recognized) | | | | | |
| Home Address: | | | | | |
| Business Address: | | | | | |
| Preferred Phone: | _ Preferred | I E-mail | | | |
| Signature | | | Da | te | |