

Eastside CARES

A Collaborative Capital Campaign



Building Futures
Capital Campaign

COMMITMENT CARD

My Pledge

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Total Pledge: \$ _____

Pledge to begin on _____

Pledge options

\$ _____ monthly for 12/24/36 mo

\$ _____ quarterly for 4/8/12 qtr

\$ _____ annually for 1/2/3 yr

Preferred method of payment

Credit Card Check Gifts of stock or other appreciated assets

Credit Card Number _____

Expiration _____ Code _____

Name on card _____

Address _____

Email _____

Signature

Date

We would like to learn more about Naming Opportunities
 reserve a Naming Opportunity