



## Gift/Pledge Form

Please provide your contact information below.

Name: \_\_\_\_\_

Spouse/Partner's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

### OUTRIGHT CONTRIBUTION

- I/We wish to make an outright gift of \$\_\_\_\_\_ payable to "The Bridge Home" (check enclosed).
- Please charge this gift of \$\_\_\_\_\_ to my/our credit card (authorized signature required at the end of this form).
- MasterCard  Visa Card Number \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_
- I/We wish to make a gift of stock/securities.

### PLEDGE

*Pledges must be paid in full within five years. A minimum total commitment of \$5,000 is required to enter a pledge.*

- I/We wish to pledge a total gift of \$\_\_\_\_\_ payable in equal installments of \$\_\_\_\_\_ beginning in \_\_\_\_\_ (month/year)  
I/We intent to make payments  semi-annually  annually  monthly.
- I/We wish to receive pledge reminder letters, based on the above payment schedule.
- I/We do not wish to receive reminders.

### CORPORATE MATCHING GIFTS

- My/My spouse/partner's company offers a match for charitable contributions. Employer Name(s) \_\_\_\_\_
- My/My spouse/partner's matching gift forms are enclosed.

### RECOGNITION

Please clearly print name(s) as you would like it to be printed in donor recognition materials:

\_\_\_\_\_  In honor of  In memory of

### CONFIDENTIALITY

- Please note, I would like my gift be confidential and not included on any donor recognition materials.

DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DONOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### THANK YOU FOR YOUR SUPPORT OF THE BRIDGE HOME

The Bridge Home is a 501(c)(3) non-profit organization. Tax ID# 42-1252893  
Requests from donors that their name not be released will be honored.