



Name

Mailing Address

City/State/Zip

Phone Number

Email

Signature/Date

CAPITAL CAMPAIGN PLEDGE FORM

In support of the Crisis Nursery capital campaign, I pledge the following commitment in the amount of \$ _____, payable over _____ (1-3*) years.

My first payment will be on _____ / _____ / 20____ via:

Monthly installments of \$ _____

Quarterly installments of \$ _____

Annual installments of \$ _____

One time payment \$ _____

*Other payment options are available.
Contact Stephanie Record with questions.
217-337-2731 or srecord@crisisnursery.net

PAYMENT TO CRISIS NURSERY WILL BE MADE AS FOLLOWS:

Electronic drafting from my bank: _____

ROUTING NUMBER

ACCT NUMBER

on the 15th of each month for the next _____ months (void check or savings statement is attached).

Charge my credit card (please circle): Visa MasterCard American Express Discover

Name on Card _____ Exp. Date _____

Card Number _____ Phone Number _____

Billing Address _____ City/State/Zip _____

Signature _____

Check (payable to Crisis Nursery)

Gift of Securities, Real Estate, or Other Assets Deferred Gift (i.e. BEQUEST, CHARITABLE GIFT ANNUITY, CHARITABLE REMAINDER TRUST, BENEFICIARY OF RETIREMENT PLAN)

PLEASE INDICATE HOW YOU WOULD LIKE FOR YOUR GIFT TO BE RECOGNIZED.

Name (please print) _____

I would prefer to remain anonymous.

I would like to honor or memorialize someone with my gift.

In Honor of _____

In Memory of _____