

# CAPITAL CAMPAIGN PLEDGE FORM



STRIDING AHEAD TO  
NEW BEGINNINGS

## GIFT INFORMATION

I (we) wish to make a gift to the Capital Campaign to benefit Reins of Life. I (we) commit the following:

Total Amount of Gift: \_\_\_\_\_

Initial Payment: \_\_\_\_\_

Balance: \_\_\_\_\_

Personal Gift or  Corporate Gift

Payable:  One-time  1 Year  2 Years

Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Schedule:  Monthly  Quarterly  Semi-Annually  Annually

I would like reminders sent to me:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CONTACT INFORMATION

Company/Organization (if applicable): \_\_\_\_\_

Name(s): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PAYMENT INFORMATION

Credit Card:  Visa  MasterCard  Discover  Amex  Check (Payable to Reins of Life)  ACH Transfer

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Use the following name(s) in all acknowledgements: \_\_\_\_\_

My gift is in Honor/Memory of: \_\_\_\_\_

I wish to remain anonymous.

Return completed form to:  
Reins of Life  
Attn: Dorota Janik  
55200 Quince Road  
South Bend, IN 46619

Email: [Dorota.Janik@reinsoflife.org](mailto:Dorota.Janik@reinsoflife.org)