

## **Pledge/Donation Form**

DONOR INFORMATION (PLEASE PRINT)		$\square$ Personal Gift $\square$ Corporate/company			RATE/COMPANY GIF
Name					
Business Name (if applicable)					
Address		City, State, Zip			
Phone (home)	Phone (cell)		Phone (	(business)	
Email		Would you like to receive our newsletter? ☐ Y ☐ N			
I would like my donation to be used		Gold		000 - \$9,999 Platinum	\$10,000 or more Community Ambassado
☐ Project Fund (Non-endowed – ca☐ Endowment (Yearly earnings ma		-			
Method:  Cash □ Enclosed □ Please send invoice  Check □ Enclosed □ Please send invoice  Please make Checks payable to NDCF with "Vision West ND" written on the memo line  Credit Card (circle one: Visa MC Amex Discover)  Card # Exp. Date  Other (A Representative from NDCF will contact you)		Frequency: (beginning, 201)  □ One Time □ Monthly, divided into 12 equal payments □ Quarterly, divided into 4 equal payments □ Annually # of years (circle one) 1 2 3 4 5 □ We would like to receive a pledge reminder  FOR A TOTAL AMOUNT OF \$			
☐ I/We wish to remain anonymous ☐ Please contact me/us about maki ☐ This gift is in honor/memory of(Who	ng an estate or plan	-	e & Addr	ess)	
Recognition: Name(s) as you would	l like it to appear o	n our donor recogi	nition n	naterials	
Oonor Signature			Date		

## THANK YOU FOR YOUR PARTNERSHIP!

Contributions to the Vision West ND Foundation are charitable under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Payments must be received before the end of the current calendar year to be eligible for a tax deduction this year.