

VISION 100 ENDOWMENT CAMPAIGN HEARING SPEECH + DEAF CENTER CAMPAIGN PLEDGE FORM

Please complete as much information as possible.

I gift/pledge \$ _____ in support of the *Vision 100 Endowment Campaign*.

- Outright gift.
- One-year pledge
- Two-year pledge
- Three-year pledge
- Outright gift transmission:
- Check/Credit Card/Online Security Transfer IRA Charitable Gift Rollover

Donor Name: _____

Donor Signature: _____

Donor Address: _____

Donor Phone Numbers: _____

Donor Email: _____

For co-chair and office use only:

Form given to: _____ on date: _____

Note: Our Director of Development will transmit a formal pledge letter after receipt of this form.

Please consult with a professional to determine your potential tax benefit. Your financial contribution will be restricted and allocated to the Vision 100 Endowment Campaign fund. Should excess funds be raised, they will be applied to the campaign, mission and operations.

HearingSpeechDeaf.org

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