Creating Hope:
A New Vision for the Madge Phillips Center
CAPITAL CAMPAIGN

Individual donor name(s): _____

Business name: _____ Contact name: _____

Address (City, State, Zip): _____

Phone number: _____ Email: _____

How would you like your name(s)/business name listed on the donor wall: _____

To invest in Waypoint's renovation and their mission to inspire people to move forward, I/we pledge the following gift:

**Gifts over $2,500 can be pledged over 5 years, $1,000 over 3 years, and $500 over 2 years. Waypoint will be in touch with you about the pledge information below.

Total pledge amount: $ _____ **payable by** (check appropriate box)

☐ **A one-time gift:** (payable to Waypoint)

☐ **A pledge:** I/we will fulfill this commitment with payments of $ _____

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually beginning (month/year)_____

for ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

through ☐ Credit Card ☐ Electronic Funds Transfer ☐ Invoice

☐ **My gift will be matched by:** (company name)_____

☐ **Other form of gift:** (please explain)_____

☐ **Gift of stock:** (please explain)_____

☐ **My gift is in memory of:**_____

☐ **My gift is in honor of:**_____

☐ **I would like my gift to remain anonymous.**

Signature _____ Date _____

For Waypoint purpose only. Date Received _____ Date Recorded_____ Staff Initials _____

WAYPOINT

If you selected "Electronic Funds Transfer," monthly charge to the account will pull on the first Monday of the month (or on the next banking day after any Monday that is a banking holiday). If you selected "Credit/Debit Card Payments," monthly debit/charge will occur on the 5th of each month. The authorization for payments is to remain in full force and effect until the pledge is fulfilled or Waypoint has received written notification to terminate this agreement.

☐ **Electronic Funds Transfer from Checking Account**

Bank Name: _____ City _____ State_____ Zip_____

Account Number:_____ **Routing Number** _____

Signature_____ Date _____

☐ **Credit/Debit Card Payments** **Credit Card Type:** ☐ MasterCard ☐ Visa ☐ Discover

Name on the Card:_____ **Credit Card Number:**_____ **Exp. Date** _____

Signature_____ Date _____