CAMPAIGN AVALON

IT IS UP TO US...

PLEDGE FORM

I/We,	am/are pleased to make a gift of
Donor Name(s)	
\$ payable over a maximum of 4 years in support of Campai	gn Avalon!
TERMS OF GIFT PLEDGE	
I/WE WILL FULFILL THIS PLEDGE	
as a one-time payment	
OR	
☐ I/We will fulfill this pledge through	
☐ Annual ☐ Semi-annual ☐ Quarterly, or ☐ Monthly payments of	\$ beginning
☐ Immediately or ☐ on//	+ <u></u>
inimediately of initial on initia	
☐ Other	
I/We will make my/our gift contribution in the form of:	
☐ Cash ☐ Check ☐ Credit Card ☐ Electronic Funds Transfer (EFT)	☐ Stock ☐ Property ☐ Other
Please charge my/our gift to: ☐ Visa ☐ Mastercard ☐ Discover	☐ Amex
Credit Card or Debit No Ex	кр. Date:// CVV Co
Name (as it appears on Credit Card)	
Signature	
☐ I/We wish to make a gift by direct electronic funds transfer (EFT) from my/ou We will forward an authorization form to the email address you provide below if you select this option	
matching gifts	
☐ I/We anticipate that my/our gift will be matched by (specify company)	
☐ I/We have included the Matching Gift Form via ☐ mail or via ☐ email	
Please forward Matching Gift Form to Trinea Gonczar, Development Director or email to: Trinea@campaignavalon.org	via mail (see address on second page)

☐ I/We am/are considering a planned gift, please have Avalon's Planned Giving consultant contact me/us.

PLANNED GIFTS

DONOR RECOGNITION Please recognize my / our gift as follows: ☐ In honor of ☐ In memory of ___ Donor Name(s) ____ ■ I/We wish to remain anonymous DONOR INFORMATION (Donor, Family, Spouse/Partner Information) First Name: Last Name: _____ City: _____ State: ____ Zip: ____ Address: __ e Email: e Telephone: NAMING OPPORTUNITIES \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Own Amount Support our Donor Wall or Name a Wing Please place one letter in one box to enter the name as you would like it to appear on name plate. Please place an "X" in the box for spaces between words. MRX&XMRS Do not include periods. Use "&" for the word "and." If your gift is "In honor of" or "In memory of", please do not include those words in the boxes above, simply check the appropriate box. In honor of ☐ In memory of (leave blank if gift is in your name) Please see Naming Gift Table in campaign brochure and confirm Naming Opportunity. ENGRAVING DETAILS If your gift is at the \$2,500 Naming Opportunity or Room Naming Opportunity level, then please fill out the section below. Please be sure to follow the instructions to ensure correct naming. Please place one letter in one box to enter the name as you would like it to appear on name plate. Please place an "X" in the box for spaces between words. MRX&XMRS Do not include periods. Use "&" for the word "and." If your gift is "In honor of" or "In memory of", please do not include those words in the boxes above, simply check the appropriate box. ☐ In honor of ☐ In memory of (leave blank if gift is in your name) SIGNATURE AND MAILING **Signature** Please note that your comprehensive gift includes programmatic and/or capital support.

Please email this completed form to: trinea@campaignavalon.org or mail hard copy using envelope provided to:

Campaign Avalon Senior Director of Engagement 601 Bagley St. Detroit, MI 48226 (313) 251-5353

Thank you for your tax-deductible donation!

A thank you acknowledgment letter will be mailed to you indicating your donation amount. This letter will serve as your receipt in the event you are able to use it for a tax donation. Charitable donations are tax deductible to the greatest amount allowed by law. Please consult your accountant for specific details.