

HONOR/MEMORIAL INFORMATION

This gift is (check one):

___ in honor of; ___ in memory of

Name(s) of honored

Name(s) of remembered

Please notify the following person

At this address

Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-807-2214. The license is not an endorsement by the State.



ALDER SPRINGS DEAF & BLIND COMMUNITY

PO Box 1397
Morganton, NC 28680



EVOLVING COMMUNITY CAPITAL CAMPAIGN

My Gift & Pledge

828.443.7723 (Voice/Text) • 828.475.0684 (VP)
aldersprings.org

MY GIFT & PLEDGE

Thank you for supporting The Deaf & Blind Community.

Important Notes for All Donors

- Single payment gifts and multi-year pledges (payable with five or more years - see below) are encouraged
- Credit card payments and gifts of stocks & securities and other non-cash assets are welcomed
- All gifts are tax deductible as allowed by law
- Please make checks payable to Alder Springs Deaf & Blind Community, PO Box 1397, Morganton, NC 28680

I/we express support of the Alder Springs project by subscribing to a total of \$_____.

My gift is in honor of, or in memory of, as indicated on the back of this card.

This is a lump-sum gift; enclosed is a check in the amount of \$_____.

This is a pledge payable as indicated below with the first payment in year _____.

My payment schedule is:

\$_____; \$_____; \$_____; \$_____;
2022 2023 2024 2025

\$_____; \$_____; \$_____; \$_____;
2026 2027 2028



I plan to make my pledge payments (check one):

Monthly; Semi-annually;
 Quarterly; Annually

For annual payments, I wish to be reminded in the month of _____.

My company/employer will match my gift; please contact me.

I wish to make my payments using a credit card; please contact me for my card information.

I wish to make payments online - please contact me.

I have additional ideas about my gift and/or this campaign; please contact me.

Please print the name or names of individuals (and business names, if applicable) associated with this donation below.

Print Complete Donor Name

Mailing Address

State Zip Phone

Email

Donor Signature (required)

Date