



*A Capital Campaign for Meals-on-Wheels
to Help Those in Need*

PLEDGE FORM

Date: _____

In support of **The Kitchen Campaign** for Meals-on-Wheels of Johnson & Ellis Counties,
I/we pledge a gift of \$ _____ payable over a period of _____ years (max 4 years).

In support of the ongoing **Annual Giving Campaign** for Meals-on-Wheels of Johnson & Ellis Counties,
I/we pledge a gift of \$ _____ for the current year.

Total Gift \$ _____

Name: _____
(Printed) (Signature)

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Please send reminders of my commitment:

Annually Semi-annually Quarterly Monthly

Enclosed is my / our first payment of \$ _____

I prefer to donate by check made to:
Meals-on-Wheels of Johnson & Ellis Counties Kitchen Campaign

I / we prefer to donate a gift of stock or other asset. Please contact me for more information.

I / we prefer to donate by credit card.

- American Express
- Visa
- Mastercard

Credit Card Number

Expiration

Security Code

This pledge qualifies for a matching gift through my company.
(Please provide company's matching gift form).

I wish to make my gift anonymously.

I wish to make my gift in celebration / honor or memory of:

Name in which you wish your gift to be given



Meals-on-Wheels

OF JOHNSON AND ELLIS COUNTIES
Serving the Children of Yesterday

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