



## Campaign Pledge Form

*In support of the Campaign for Kevin Guest House (I / we) pledge the following gift to Kevin Guest House:*

**Total amount of gift/pledge:** \_\_\_\_\_

Initial payment: \$ \_\_\_\_\_ To be paid on (date): \_\_\_\_\_

Balance of pledge: \$ \_\_\_\_\_

Gift to be remitted via: \_\_\_\_\_ **Check** (payable to Kevin Guest House) \_\_\_\_\_ **Credit Card** (see below)

\_\_\_\_\_ **Stock Transfer** (Kevin Guest House will contact you concerning appropriate procedures or you may call 716-882-1818 for immediate assistance.)

Balance of pledge to be submitted (please check one):

\_\_\_\_\_ Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Other

Beginning in: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Payment Amount

**Credit Card Gifts:** (please fill out the information below)

Gift/payment via credit card \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Amount to be charged \$ \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Planned/Deferred gift:** (please indicate type) \_\_\_\_\_ Valued at \$ \_\_\_\_\_

*\*Kevin Guest house will be in touch to discuss in more detail.*

**Please complete the information below.**

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list my (our) name(s) in campaign print materials as follows:** \_\_\_\_\_

*Note to donor: If your company will provide a matching gift, please include the necessary information to secure the match.*

*Commemorative naming opportunities will be documented separately at an appropriate time*

All gifts are tax-deductible as prescribed by law.

Kevin Guest House 782 Ellicott Street Buffalo, NY 14203 716-882-1818