



THE PATHWAY TO SUCCESS CAMPAIGN FOR A NEW FAMILY VIOLENCE SHELTER IN ODESSA

CAPITAL CAMPAIGN PLEDGE FORM

Donor(s) _____
 Address: _____
 City, State, Zip _____
 Home Phone: _____ Business Phone: _____
 Cell Phone: _____ Email: _____

YES! I believe in the mission of The Crisis Center and want to support the new shelter campaign.

<p>Terms of Pledge</p> <p>Total amount of pledge \$ _____</p> <p>Pledge to be paid as follows:</p> <p><input type="checkbox"/> I am supporting this campaign today with the gift of \$ _____</p> <p><input type="checkbox"/> Single year payment of pledge: \$ _____ beginning on (date) _____</p> <p><input type="checkbox"/> Multiple year payment of pledge: \$ _____ beginning on (date) _____ to be paid over: (can be up to 3 yrs) _____</p> <p>Please bill me:</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other _____</p>	<p>Method of Payment(s)</p> <p>Check payable to:</p> <p>The Crisis Center 910-B South Grant Odessa, TX 79761</p> <p>Please charge my:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD</p> <p>Credit Card Number: _____</p> <p>Exp. Date: _____ CVV code _____</p> <p>Billing zip code: _____</p> <p>Other: _____</p> <p>My/Our gift will be matched by:</p> <p><input type="checkbox"/> Matching gift enclosed</p> <p><input type="checkbox"/> Matching gift form will be sent</p>
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By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge The Crisis Center accepts and will act in reliance upon to begin the building project supported by the Pathways to Success Campaign. I/we intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Texas. The Crisis Center is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Crisis Center's federal tax identification number is 75-1767204. Donations are tax-deductible to the extent allowed by law.

Donor Signature: _____

_____ Date _____

Donor Signature: _____

_____ Date _____

Public Recognition

The Crisis Center may publicly acknowledge my commitment?

Yes No

This gift commitment is made in honor/memory of:

Please send notification of my gift to:

Name: _____

Address: _____

City/State/Zip: _____

Special Instructions: _____

910-B S. Grant Odessa, TX 79761 Phone: 432-333-2527 Fax: 432-580-3148 Hotline: 1-866-627-4747
www.odessacrisiscenter.org

