



Capital Campaign Pledge Form

DONOR RECOVERY CENTER

I'm in! Count on me to join others in supporting the **Donor Recovery Center**.

The gift can be paid over a multi-year period.

Total Amount of Gift: \$ _____

Initial Payment: \$ _____

Balance: \$ _____

To be fulfilled as follows: ☐ One time **or Over:** ☐ 1 year ☐ 2 years ☐ 3 years

Payments to begin _____
month/year

☐ Other: _____

Payment schedule: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

DNW Authorized Signature: _____ Date: _____

☐ **Named Gift Opportunities:** I/We would like to discuss a naming opportunity. Please contact me.

☐ Please make my/our gift in honor/memory of: _____

Your name will appear in honor rolls, annual reports, etc. Please print your name as you would like to it to appear:

☐ I wish to remain anonymous.

Please make checks payable to: Donor Network West Foundation, 12667 Alcosta Blvd., Suite 500, San Ramon, CA 94583

Questions about your pledge? Interested in transferring stock, making an estate gift, ACH or Wire transfer?

Contact Executive Director William Bubba Paris at 510.368.5237 or Foundation@dnwest.org.

Donor Network West Foundation is a nonprofit organization recognized under Section 501 (c)(3) of the Internal Revenue Code.

Contributions are deductible to the full extent allowed by law. Tax ID #94-3408704.