

# Capital Campaign Pledge Form



## Donor Information (please print or type)

Name \_\_\_\_\_

Billing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

## Pledge Information

I (we) pledge \$\_\_\_\_\_ to be paid: now monthly yearly for a total of \_\_\_\_\_ months/years\* (circle one) for a total campaign gift of \$\_\_\_\_\_.

*\*Pledge period not to exceed three years.*

I (we) plan to make this contribution in the form of: cash check credit card other.

CC type | Exp | 3-digit code \_\_\_\_\_

CC number \_\_\_\_\_

Authorized signature \_\_\_\_\_

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to:

Aviva Health  
150 NE Kenneth Ford Drive  
Roseburg, OR 97470