**PLEDGE FORM**

**DONOR INFORMATION**  [ ] Personal Gift [ ]  Corporate Gift [ ]  Foundation Gift

|  |  |
| --- | --- |
| Name |       |
| Business Name (if corporate gift) |       |
| Address |       | City, State, Zip |       |
| Phone (home) |       | Phone (mobile) |       |
| Phone (work) |       | Email |       |

**GIFT AND RECOGNITION INFORMATION**

Designate my gift to this area of need:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual donation amount **(per year)** $

|  |  |
| --- | --- |
| Frequency: (beginning       , 202     )[ ]  one-time[ ]  monthly[ ]  quarterly (January, April, July, October)[ ]  annually# of years (circle one): 1 2 3 | Payment method:[ ]  cash enclosed[ ]  check enclosed (please make payable to VNA)[ ]  credit card (circle one: Visa MC AMEX Discover) card #:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp:      \_\_\_\_\_\_\_\_\_\_\_\_\_ CVV code:      \_\_\_\_\_\_\_\_[ ]  stock (a VNA representative will contact you) |

[ ]  Anonymous: I/we wish to be anonymous

[ ]  Matching Gift: Gift will be matched by:

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (circle one) Company / Family / Foundation

Please enclose or forward any gift matching forms.

[ ]  Planned Gift: Please contact me/us about making an estate or planned gift.

[ ]  Tribute Gift: This gift is in (circle one) honor/memory of:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who should we send acknowledgements to? (name and address)      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONOR SIGNATURE**

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **CONTACT INFORMATION**Visiting Nurse Association/Easterseals Nebraska12565 W. Center Road, Suite 100Omaha, NE 68144www.vnatoday.org | **QUESTIONS**Carole Patrick, PhDChief Philanthropy OfficerPhone: (402) 930-4018Email: cpatrick@vnatoday.org |

Thank you for helping to *deliver community-based care that provides peace of mind, quality of life and independence* and *ensuring all people with disabilities have an equal opportunity to live, learn, and work.*