



Legacy of Hope Pledge Form

I am / We are pleased to state my / our intention to make a pledge of \$_____ to the Legacy of Hope Capital Campaign for The Vine Pastoral Counseling Center. I/we wish my/our gift to go towards the goals of the campaign (including purchase and renovation of a building and development of a garden).

I/we desire that my/our donation grant us the ability to name a specific location in the building or on the property, in honor of person(s) we choose. I understand that my donation meets the threshold of \$_____, required to qualify for naming privileges. Notes about naming: _____

Contact Information

Date: _____

Name(s): _____

Address: _____

Phone(s): _____

Email: _____

Phone(s): _____

Email: _____

Donor Listing

I / we prefer to be included/addressed in donor lists as follows:

-
- I / we wish to be completely anonymous.
 - I / we wish to be anonymous within our giving level.

Pledge Payment Schedule (3 Years)

- Please find a payment of \$_____ enclosed. (One-time gift)
- I/we prefer to make a pledge over three years totaling \$_____

I / we prefer to make payments:

- Monthly
- Quarterly
- Semi-annually
- Annually

Pledge payment each period: \$_____ Beginning: Month _____ Year _____

- This gift is made in the form of (cash, securities, credit card, etc.): _____
- This gift may/will be matched by (potential match from your employer):

- This pledge is / is not binding on my / our estate.

Donor Signature

Donor Signature

Date

Date

Please submit form to:

Rev. Dr. Amanda Ragland, 256-426-0199

Accepted and received on behalf of The Vine:

Signature

Date