



# Uniting to Serve Capital Campaign

## Campaign Pledge Form

Name of Donor/s: \_\_\_\_\_ Business/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Yes, I/we wish to support APAH's Uniting to Serve Campaign with a gift of:

- \$10,000
- \$5,000
- \$2,500
- \$1,000
- Other \$ \_\_\_\_\_

*\*Donors contributing \$5,000 or more will receive permanent, onsite recognition of their generosity.*

Please contact me. I am interested in learning more about naming opportunities.

My gift is given in memory/honor of: \_\_\_\_\_

Initial payment provided: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Balance payable: \$ \_\_\_\_\_

### Forms of Payment:

My check is enclosed, made payable to APAH

Please charge my credit card:

Name on Card \_\_\_\_\_ Card type: Amex / Visa / Mastercard

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ CCV \_\_\_\_\_

Payment schedule: Quarterly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_

Stock gift (please contact Cheryl at [cramp@apah.org](mailto:cramp@apah.org) for transfer instructions)

Other terms (please provide your preferred payment schedule): \_\_\_\_\_

Recognition (please confirm how you would like to be listed in external communications):  
\_\_\_\_\_

*If the capital campaign exceeds the funds required for the project, my contribution can be used to support resident services.*

### Signature/s:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date