



Capital Campaign Pledge Form

PLEASE FAX, MAIL, or SCAN/EMAIL THIS FORM TO THE SA HOPE CENTER DEVELOPMENT OFFICE

I/We wish to make a gift to the Capital Campaign to benefit the SA Hope Center's new campus.

I/We commit the following:

Total Amount of Gift: \$ _____

Initial Payment: \$ _____

Balance: \$ _____

Payable: One-time or Over 1 Year 2 Years 3 Years Beginning Date: __/__/__

Payment Schedule (circle one): Monthly / Quarterly / Semi-Annually / Annually

Signature: _____ Date: _____

Personal Gift or Corporate Gift (please check)

Company/Organization (if applicable): _____

Name(s)*: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Credit Card (Visa, MasterCard, Amex – Please circle one):

CC #: _____ Exp date: _____ CSV#: _____

Signature: _____ Email: _____

Please PRINT name: _____ Date: __/__/__

For donor recognition, I understand my name/company name will be listed as written above*

I wish to remain Anonymous.

My gift is in Honor/Memory of: _____

Please make checks payable to: SA Hope Center
Questions about your pledge? Interested in making an estate gift?
Contact Megan Legacy @ 210-380-5492 or mlegacy@sahopecenter.org