



# OPENING NEW DOORS

## CAMPAIGN PLEDGE FORM

### DONOR INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_

### GIFT PLEDGE INFORMATION

I (we) hereby contribute cash and/or assets to The Center's **Opening New Doors Campaign**.

I (we) pledge a total of \$ \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_ Remainder Pledge \$ \_\_\_\_\_

I (we) wish to have this donation spread over  1  2  3 Year(s) Other \_\_\_\_\_

### CONTRIBUTION FORM

I (we) plan to make my (our) contribution in the form of:

Cash  Check  Credit Card  Stock  Other \_\_\_\_\_

Please charge my credit card:  Visa  MasterCard  American Express

Card number \_\_\_\_\_ Expiration \_\_\_\_\_ CW \_\_\_\_\_

Authorized Credit Card Signature \_\_\_\_\_

Please bill me beginning \_\_\_\_\_ and thereafter  monthly  quarterly  yearly  other \_\_\_\_\_

My gift will be matched by \_\_\_\_\_ Company/Foundation/Family

Matching gift form enclosed.  Matching gift form will be forwarded to The Center.

### DONOR RECOGNITION

Donors will be recognized in campaign materials unless an anonymous gift is requested.

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

I (we) wish to remain anonymous.

### DONOR SIGNATURE(S)

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

I (we) have designated The Center in my (our) estate planning.

I (we) would like more information about planned giving.

**PLEASE MAKE CHECKS & CORPORATE MATCHES PAYABLE TO THE CENTER**

Donations are tax-deductible to the extent allowed by law.

Mail your pledge to The Center • 953 East Sahara Ave., Ste. B-31 • Las Vegas, NV 89104