

PLEDGE!

Your tax donation is fully tax-deductible as allowable by law

Donor Name(s) _____
As it should appear in the Annual Report

- I would like this gift to remain anonymous
- I am interested in the following dedication or naming opportunity:

In Memory of/To Honor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email _____ Day Phone: _____

Please select from the options below. Signature required.

ONE-TIME GIFT

- Enclosed is my check # _____ for \$ _____
- Please charge my credit card for: \$ _____
- I pledge the following amount of stock or property: _____

RECURRING GIFT

I pledge to donate a total of: \$ _____

To be paid over _____ Years / Months

Charge my credit card / Invoice me *circle one*

Monthly / Quarterly / Semi-Annually / Annually *circle one*

Beginning: _____ Final Installment _____

Return form to:

ECMHP Capital Campaign
200 24th Street
Richmond, CA 94804

For more info:

Tiffany Straus
510-412-9200
tstraus@ecmhp.org

CREDIT CARD INFO

Credit Card Number

Expiration Date Security Code
MM/YYYY Required

Visa / MasterCard *circle one*

Signature *Required*

Or Donate Online at:
ecmhp.org