

CAPITAL CAMPAIGN PLEDGE FORM



DONOR/S INFORMATION: Please type or print

Last Name: _____ First Name _____ MI _____

Address: _____

City _____ State _____ Zipcode _____

Contact Phone: Home () _____ Business () _____

GIFT/PLEDGE INFORMATION

I/We hereby contribute cash and or assets to the Meals on Wheels of Chemung County **Capital Campaign**

I/We pledge a **total of \$** _____ amount enclosed \$ _____ remainder pledged \$ _____

I/We wish to have this donation spread over 1 2 3 year(s) Other _____

Please bill me: Annually Bi-Annually Quarterly Monthly

Beginning: _____

METHOD OF PAYMENT

Check (made payable to Meals on Wheels)

Credit Card

Invoice Me

Visa Mastercard Discover

Securities (stocks, bonds, etc.) IRA

Number: _____

Forward stocks transfers to : Meals on Wheels of Chemung County
c/oValicenti Advisory Services
400 E. Water Street
Elmira, NY 14901

Exp. Date: _____ CSV: _____

Name on Card: _____

Billing Address: _____

Please forward a letter regarding this stock transaction to
Meals on Wheels—150 Fox Street, Elmira, NY 14901

My Gift will be matched by _____

Matching gift form enclosed Matching gift form will be forwarded to Meals on Wheels

DONOR RECOGNITION (Donors will be recognized in campaign materials and other various Meals on Wheels publications unless an anonymous gift is requested.)

Please use the following name(s) in acknowledgments _____

I (we) wish to remain anonymous

DONOR SIGNATURE(S) _____ **DATE:** _____

Donations are tax-deductible to the extent allowed by law.
Meals on Wheels is a 501c(3) tax exempt organization .
Our federal tax identification number is 16-1353247.

Office Use:	TY	RE
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