



MULTI-YEAR PLEDGE FORM

PLEASE COMPLETE AND RETURN IN THE ENCLOSED ENVELOPE.

DONOR INFORMATION

FIRST & LAST NAME: _____
STREET ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: _____
EMAIL: _____

\$5,000/Year
1-year scholarship for a child

\$2,500 – Educational tools for all 8 classrooms for 6 months

\$1,000 – A laptop for the teachers of one of our 8 classrooms

\$500 – Breakfast for all of the children for a week

PLEASE KEEP MY GIFT ANONYMOUS: YES

MEMORIAL/TRIBUTE INFORMATION

IN MEMORY OF _____ IN HONOR OF _____

PLEASE SEND AN ACKNOWLEDGEMENT TO: _____
ADDRESS: _____

EMPLOYEE MATCHING - MY GIFT WILL BE MATCHED BY MY EMPLOYER: YES NO

IF YES, MY EMPLOYER IS: _____

MULTI-YEAR PAYMENT OPTIONS

THREE YEARS \$_____ MONTHLY \$_____ ANNUALLY
 TWO YEARS \$_____ MONTHLY \$_____ ANNUALLY
 ONE YEAR \$_____ MONTHLY \$_____ ANNUALLY

CREDIT CARD INFORMATION

VISA MASTERCARD AMERICAN EXPRESS
ACCT. NUMBER: _____ EXP. DATE: _____
NAME ON CARD: _____

SIGNATURE

I authorize Holy Family Day Home (HFDH) to charge my credit card as outlined above. If I wish to end this pledge early, I will contact HFDH by phone or email.

(Cards will be charged the first week of the month for monthly pledges. For annual pledges, the first year will be charged at receipt of pledge form with each following year charged the first week of July, unless otherwise directed.)

Signature

Date

Holy Family Day Home is a 501(c)3 organization. Tax ID: 94-1156492. According to IRS regulations, the total dollar amount donated in a calendar year should be tax-deductible as you have received no good or services for your donation. If you have any questions, please call the Development Department at (415)-565-0504, ext 203.