

CAMPAIGN COMMITMENT FORM

CONTACT INFORMATION

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

CAPITAL CAMPAIGN GIFT/PLEDGE

I/we are ready to help build the promise with a total commitment (pledge or gift) of \$ _____ over _____ years. Enclosed today is \$ _____ toward this commitment.

The \$ _____ balance on this commitment will be paid in _____ years (up to 3 years), according to the following schedule:

\$ _____ paid by _____ (e.g., December 31, 2026)

\$ _____ paid by _____ (e.g., December 31, 2027)

\$ _____ paid by _____ (e.g., December 31, 2028)

METHODS OF PAYMENT

Mail checks to: **Family Promise of Davie County, PO Box 1536, Mocksville, NC 27028.**

GIFT CONFIRMATION

Please make checks payable to Family Promise of Davie County and indicate **“Capital Campaign”** in the memo line.

If you would like to use one of the following payment methods, please contact us to ensure your gift is processed correctly:

- Credit/debit card or EFT
- Transfer of stocks or securities
- Qualified Charitable Distribution from an IRA
- Gift from a Donor Advised Fund

Did You Know?

Some employers will match their employees' giving! Be sure to check with your employer to find out if you can take advantage of this. If so, request a matching gift form and let us know this gift is on the way.

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DONOR RECOGNITION

I/we understand this support might qualify me/us for public donor recognition based on the level of commitment. Please acknowledge my gift/pledge using the following name(s) and list accordingly:

☐ This gift is made in honor or memory of: _____

Please notify (include name and address/email): _____

☐ Check here if you wish for your commitment to be anonymous.

ADDITIONAL CONTRIBUTIONS

If you'd like to make an additional gift outside of this capital campaign to support our annual budget needs, please note this below.

Total commitment to Family Promise's annual operating needs (outside of the capital campaign):

\$ _____

☐ Check here if you're interested in speaking to someone about estate planning or a gift of other types of property.

Signature(s): _____ Date: _____

**Please return this form (and your first payment, if applicable)
to Family Promise of Davie County today.**



PO Box 1536 Mocksville, NC 27028
(336) 284-4204 | familypromisedc.org

QUESTIONS

Want to discuss further?

Please reach out to our
Executive Director directly:

Stephanie Chandler

(336) 284-4204

stephanie@familypromisedc.org

Financial information about this organization and a copy of its license are available from the NC Secretary of State's Office at (919) 814-5400. The license is not an endorsement by the State.

