Mission Community Outreach Center
Reaching Out With Care

Mission Community Outreach Center
Capital Campaign Pledge Form
EIN – 91-170334

Donor Information

Name(s): _____

Organization (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Gift Commitment

I/We are pleased to support the Mission Community Outreach Center's Capital Campaign with a total pledge of

Total Gift Amount: $_____

Payment Schedule:

☐ One-time gift

☐ Monthly

☐ Annually

Beginning: _____ **Ending:** _____

Matching Funds are available:

Percentage: _____ **Source:** _____

Payment Method

Cash / Credit Card

☐ Cash/Check enclosed

☐ Credit Card

IRA Charitable Rollover

☐ I intend to make my gift through an IRA Qualified Charitable Distribution (QCD).

- Financial Institution: _____
- Approximate Amount: _____

Stock Transfer

- ☐ I intend to donate appreciated securities. Please contact me with transfer information.

Optional Planned Giving

I/We would like to explore or document a planned gift to support the Mission Community Outreach Center.

☐ Bequest in Will or Trust

☐ Beneficiary Designation (IRA, Life Insurance, etc.)

☐ Charitable Remainder Trust

☐ Other: _____

(Planned gifts may be recorded separately and do not need to be included in the campaign pledge total unless desired.)

Recognition

☐ I/We would like to be recognized as: _____

☐ I/We prefer to remain anonymous

Signature

I/We affirm this pledge to support the Mission Community Outreach Center's Capital Campaign.

Signature: _____ **Date:** _____

Second Donor Signature (if applicable**):** _____ **Date:** _____