

DESTINATION SUCCESS

Creating solutions for people with disabilities



The Campaign for the Center for Head Injury Services

Capital Campaign Pledge Form

Donor(s):

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Email Address:

Yes! I believe in the mission of the Center
and want to support the Capital Campaign.

Terms of Pledge

Total amount of pledge: \$ _____

Pledge to be paid as follows:
(Pledges can be made up to five years.)

- As a one-time gift
- Single-year payments
- Monthly Quarterly
- Other _____
- Beginning on ____/____/____

- Multi-year payments
- Monthly Quarterly
- Semiannually Annually
- Other _____
- Beginning on ____/____/____
- To be paid over _____ years

- Please send payment reminders.
- I am interested in using state 50%
tax credits.

Method of Payment(s)

Enclosed is a check for \$ _____

Payable to: **CHIS**

- Please charge my:
- Visa MasterCard
- Discover American Express

Name (as it appears on card):

Billing Address:

Billing City, State, Zip:

Credit card #:

Exp. Date: _____ CVV (on back): _____

Gift will be in the form of securities.
Please contact for further details.

My/our gift will be matched by:

Name of matching gift provider:

Public Recognition

The Center may publicly acknowledge
my/our commitment: Yes No

Acknowledgment for publication use:

This gift commitment is in honor/
 memory of:

Please send notification of this gift to:

Name(s):

Address:

City, State, Zip:

Special instructions or requests:

I/we pledge to support the
Center's Capital Campaign
through this gift commitment.

Donor signature: _____

Date:

Donor signature: _____

Date:

Thank you for your charitable contribution.



The Center is a 501(c)(3) non-profit organization.

Donations are tax-deductible in accordance with IRS regulations.

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