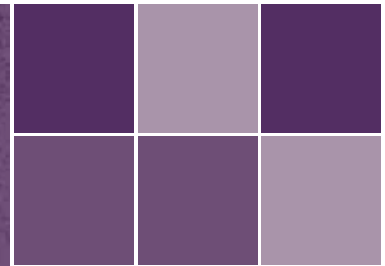




Make Room for
HOPE
CAPITAL CAMPAIGN



PLEDGE FORM

mourninghope.org

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

PLEDGE YOUR SUPPORT TO THE "MAKE ROOM FOR HOPE" CAPITAL CAMPAIGN

In support of the "Make Room for HOPE" Capital Campaign to fund Mourning Hope's new Center, I/we pledge a gift as follows:

Total Amount of Gift: \$ _____

I/we intend to make our gift payable on the following basis:

- » In support of the "Make Room for HOPE" Campaign, I/we pledge a gift in the amount of \$ _____ made payable over a _____ year period (5 year maximum).
- » First payment of \$ _____ will be made on the following date: _____
- » Remaining payment(s) will be made Annually Semi-Annually Quarterly
 Other _____ Payment schedule to be determined later

PAYMENTS WILL BE MADE AS FOLLOWS

- Cash or Check (*made payable to Mourning Hope*)
- Invoice Me (*per the payment instructions above*)
- Charge My Credit Card (*Visa/Mastercard/American Express/Discover*)
 - Name on Card: _____
 - Card Number: _____
 - Expiration Date: _____ Authorization Code: _____
 - Signature: _____
- I/we would like to make a gift of the following securities: _____
- Double my donation! My employer offers matching gifts. Company Name: _____

PLEASE INDICATE HOW YOU WISH THIS GIFT TO BE PUBLICLY RECOGNIZED

- Name (*please print*): _____
- I would like to honor or memorialize someone with my gift
 - In honor of: _____
 - In memory of: _____
 - I would prefer my gift remain anonymous

Return your pledge form to Carly Runestad at crunestad@mourninghope.org
 Or mail to Mourning Hope: 4919 Baldwin Avenue | Lincoln, NE | 68504
 For inquiries: 402.488.8989 or 402.326.8827 (*cell*)

