



VETERANS MEMORIAL & SUPPORT FOUNDATION PLEDGE / GIFT DONATION FORM

Veterans Memorial & Support Foundation

481 N. Santa Cruz Ave., Suite 250 • Los Gatos, CA 95030

Re: My/Our intent to make a tax-deductible gift to the Veterans Memorial & Support Foundation

Dear Foundation Board:

1 | PLEDGE / GIFT

I/we are delighted to contribute to the Veterans Memorial & Support Foundation in cash, and/or securities and/or in-kind donations a total of \$_____ payable as follows:

- ☐ By _____ date as a one-time gift.
- ☐ \$_____ monthly / quarterly (please circle applicable term) in cash for _____ months / quarters (please circle term).
- ☐ Over the next _____ (1, 2, or 3) year(s). I/We intend that payment will be made as follows:

AMOUNT TO BE PAID

DATE(S) BY WHICH PAYMENT(S) WILL BE MADE:

- ☐ If this is an annual contribution, please send me/us a statement thirty (30) days in advance of each due date.

2 | PREFERRED CHOICE OF PAYMENT

- ☐ Enclosed Check (#_____) payable to the Veterans Memorial & Support Foundation.

- ☐ Credit Card: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Credit Card Number _____ Expiration (mm/yy) _____ CVV _____

Name as it appears on card _____

Billing address _____

- ☐ One installment

- ☐ Ongoing installments of \$_____ starting on ____ / ____ / ____ (mm/dd/yy)

Please charge this amount: ☐ annually ☐ quarterly ☐ monthly

Signature (required for credit card authorization) _____

- ☐ It is also my desire to cover the transaction fee so 100% of my intended donation supports the mission of the Foundation.

- ☐ Electronic Bill Pay in the amount of \$_____ payable one-time / monthly / quarterly / annually (circle term).

From Acct. # _____ Financial Institution _____

- ☐ Securities (see forms enclosed).

- ☐ IRA Charitable Rollover (see forms enclosed).

- ☐ Donor Advised Fund: Fund Name _____

- ☐ Wire Transfer of \$_____ from Acct. # _____ Acct. Title _____

Financial Institution Name / Address _____

- ☐ Corporate Matching Gift: My gift enclosed is \$_____ ; I am applying for a match of \$_____ through my employer (or former employer). Company Name & Address _____

3 | GIFT DIRECTIVE

☐ This gift is intended to join a Circle upon the Wall of Gratitude Program for gifts of \$10,000 or more.

MAJOR DONOR CIRCLES & DONATION LEVELS

☐ Loyalty: \$10,000+

☐ Valor: \$75,000+

☐ Freedom: \$250,000+

☐ Justice: \$25,000+

☐ Independence: \$100,000+

☐ Liberty: \$500,000+

☐ Honor: \$50,000+

☐ The following is the manner in which my/our name(s) is/are authorized to appear on official/public recognition:

Please type or print: _____

☐ Or please do not list my name; I/we wish to remain anonymous.

☐ A contribution to the Paver Program and donation for paver(s) identified on the enclosed "Paver Contribution Form(s)."

Please enclose one form per paver.

☐ A Memorial Gift: "In Memory of:" _____

☐ Please send an acknowledgement of this gift to (party name): _____

Street Address _____ **City** _____ **State** _____ **ZIP** _____

☐ An Honorary Gift: "In Honor of:" _____

☐ Please send an acknowledgement of this gift to (party name): _____

Street Address _____ **City** _____ **State** _____ **ZIP** _____

☐ Not directed towards any of the above. This gift is a contribution to the Veterans Memorial & Support Foundation in support of its mission.

4 | DONOR INFORMATION & AUTHORIZATION

I/We will make every effort to honor the scope and timing of this commitment but reserve the right to modify it in the event of unforeseen circumstances.

Signature _____ **Date** _____

Name(s) (please type or print) _____

Mailing Address Line 1 _____

Mailing Address Line 2 _____

City / State _____ **ZIP** _____

Email Address _____ **Phone** _____