



VETERANS MEMORIAL & SUPPORT FOUNDATION
THE LIBERTY CAMPAIGN: UNITED WE STAND
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's Liberty Campaign**

Dear Foundation Board:

PLEDGE/GIFT

I/we are delighted to contribute to the Veterans Memorial & Support Foundation of Los Gatos 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.

PREFERRED CHOICE OF PAYMENT

- ☐ Enclosed Check (# _____) payable to the Veterans Memorial & Support Foundation of Los Gatos.
- ☐ Credit Card: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover
Credit Card Number _____ Date of Expiration __/__/__ (mm/yy) CVV ____
Name as it appears on the 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 (please circle applicable 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 = \$_____ through my employer (or former employer) Company Name & Address: _____



**VETERANS MEMORIAL & SUPPORT FOUNDATION
PLEDGE / GIFT DONATION FORM CONTINUED**

GIFT DIRECTIVE

- ☐ This Gift is intended to Join a Circle upon the Wall of Gratitude Program for gifts =/> \$10,000.

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 any official/public recognition by the Veterans Memorial & Support Foundation:

(Please type or print) _____

☐ Or please do not list my name as I/we which to remain anonymous.

- ☐ A contribution to the Paver Program and donation for the paver(s) as 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.

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: _____