



TOTAL GIFT	MONTHLY	QUARTERLY	ANNUALLY
\$7,500	\$208	\$625	\$2,500
\$6,000	\$165	\$500	\$2,000
\$4,500	\$125	\$375	\$1,500
\$3,000	\$85	\$250	\$1,000
\$1,500	\$40	\$125	\$500
\$900	\$25	\$75	\$300

METHOD OF PAYMENT

- Cash/check (make payable to LHS Reach Capital Campaign)
 - Credit Card (see next section)
 - Automatic Withdrawal (see next section)
 - Stock/Securities*
 - Life Insurance*
 - Other* _____
- * The Reach Up, Reach In, Reach Out campaign office will contact you for information.

Credit Card Information

MasterCard VISA Discover

Account number _____

Name on card _____

Expiration date _____ CVV/CVC code _____

Automatic Withdrawal Information (Please include a voided check)

Bank routing number _____

Account number _____

CAMPAIGN PLEDGE

- I/We pledge to the Reach Up, Reach In, Reach Out Capital Campaign:
 - Amount of Gift _____
 - Initial Payment _____
 - Pledge Balance _____
- My gift will be matched by my company:
 - Company _____

TIMING OF GIFT

I/We intend to fulfill our pledge as follows:

Monthly Quarterly Annually

Date of first payment _____ (month/year)

DONOR INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Cell _____ Email _____

SIGNATURE

Signature(s) _____

Date _____

Please print your name(s) as you would like it to appear in any campaign recognition materials

I/We would like my/our gift to remain anonymous.