



Capital Campaign Pledge Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Email: _____

I wish to receive campaign updates Yes No

Pledge Information

Yes! I (we) want to contribute to the Berthoud Life Center Capital Campaign.

I (we) wish to make a pledge amount of: \$ _____

to be paid: One-time gift Quarterly Annually over ____ yrs.

I (we) plan to make this contribution in the form of:

Cash Check Stocks Other _____

I (we) would like to remain anonymous: Yes No

Naming Rights Information:

I (we) would like to claim the following naming right:

Please use the following name/names in all acknowledgements, including marketing, media and campaign materials:

Please return all forms to: Berthoud HNS, P.O. Box 203, Berthoud, CO 80513
Or scan and email to – Jinger Tomassi at jtomassi@honservice.org