

# Capital Campaign Donation Form



**Yes, I/We want to support the Family Center of Washington County's first permanent home with a Capital Campaign gift of: \$\_\_\_\_\_**

- Gift enclosed
- I will fulfill my pledge over the next \_\_\_\_\_ years  
(beginning in \_\_\_\_\_ and ending in \_\_\_\_\_)  
according to the following terms/schedule
- Monthly     Quarterly     Annually
- (Please note that pledges must be completed by 12/31/11)

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

- Cash     Check     Credit Card     Stock     Property
- Other \_\_\_\_\_

For stock transfers or property donation, please contact  
Laura Arnesen, Capital Campaign Manager, at  
802-496-4420 or [laura@madriver.com](mailto:laura@madriver.com)

Please charge my credit card:     Visa     MasterCard

Credit Card number:

\_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized credit card signature:

\_\_\_\_\_

You may call us with your credit card information:  
802-828-8757.

My gift will be matched by:

\_\_\_\_\_

Company/Foundation/Family

- Matching gift form enclosed
- Matching gift form will be forwarded

Your gift is tax deductible to the full extent of the law.

## Donor Recognition

(Donors will be recognized in campaign materials unless an anonymous gift is requested)

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_\_\_

- I (we) wish to remain anonymous

## Donor Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Signature: \_\_\_\_\_



**Family Center**  
OF WASHINGTON COUNTY

Mail your pledge to:  
Family Center of Washington County  
32 College Street, Suite 100  
Montpelier, VT 05602

**We appreciate your support.**