



Building a Future Campaign Commitment Form

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Email: _____ Phone: _____

Donation/Pledge Amount

Exclusive Naming Opportunity: **SOLD**

I would like to learn more about naming opportunities before making my gift: ☐ Yes

Heart of Hope (LARGE PRINT)

Please select an gift option:

☐ One-time gift of \$1,500

☐ I would like my pledge to be:

☐ Monthly for 12 months ☐ Quarterly for 4 quarters

Heart of Love (SMALL PRINT)

Please select an gift option:

☐ One-time gift of \$500

☐ I would like my pledge to be:

☐ Monthly for 12 months ☐ Quarterly for 4 quarters

Recognition

☐ I would like to be recognized for my gift as:

Please print clearly and list as you wish to see it in print. Limit to 25 characters (including spaces)

☐ I would like to make by gift in honor/memory of:

Please print clearly and list as you wish to see it in print. Limit to 25 characters (including spaces)

☐ I would prefer for my donation to remain anonymous

Payment Information

☐ Check enclosed payable to Voices for Children of Broward County

☐ Credit Card #: _____

Exp. Date: _____ CVC: _____ Signature: _____

Total amount enclosed or to charge: \$ _____