



2024 Capital Campaign Pledge Form

DONOR RECOVERY CENTER

I'm in! Count on me to join others in supporting the Donor Recovery Center. The gift can be paid over a multi-year period.

| I otal Amount of Gift: | \$ | | | | | |
|--------------------------------|-----------------------------|------------------|----------------|----------------|-----------------|--|
| Initial Payment: | \$ | | | | | |
| Balance: | \$ | | _ | | | |
| Pledge payable: | ☐ One time or Over: | □ 1 year | ☐ 2 years | ☐ 3 years | 5 | |
| Payment schedule: | □ Annually □ Sem | ni-annually [| Quarterly | ☐ Monthly | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | | | | State: | Zip: | |
| Phone: | Email: | | | | | |
| Signature: | | | | | Date: | |
| DNW Authorized Signature: | | | | | Date: | |
| ☐ Named Gift Opportunition | es: I/We would like to di | scuss a naming o | opportunity. I | Please contac | t me. | |
| ☐ Please make my/our gift in h | onor/memory of: | | | | | |
| Your name will appear in honor | rolls, annual reports, etc. | Please print you | ır name as yo | u would like t | o it to appear: | |
| ☐ I wish to remain anonymous. | | | | | | |

Please make checks payable to: Donor Network West Foundation, 12667 Alcosta Blvd., Suite 500, San Ramon, CA 94583

Questions about your pledge? Interested in transferring stock, making an estate gift, ACH or Wire transfer? Contact Executive Director William Bubba Paris at 510.368.5237 or Foundation@dnwest.org.

Donor Network West Foundation is a nonprofit organization recognized under Section 501 (c)(3) of the Internal Revenue Code.

Contributions are deductible to the full extent allowed by law. Tax ID #94-3408704.