



# Pledge Form



Personal Gift     Corporate Gift     Foundation Gift

## DONOR

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

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

Assistant: \_\_\_\_\_ Assistant Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

For Enterprise Zone of 25 % tax credit last 4-digits of SSN \_\_\_\_\_ Contact Ellen Miller 970-234-0665 or emiller@strivecolorado.org

1. I/We wish to make a gift of: \$ \_\_\_\_\_

### 2: METHOD

- Cash
- Check (Please make payable to STRiVE)
- Credit Card - Donate online at [www.strivecolorado.org](http://www.strivecolorado.org)
  - Card # \_\_\_\_\_
  - Exp. \_\_\_\_\_ CVV \_\_\_\_\_
  - Billing Address: \_\_\_\_\_

### 3: FREQUENCY - This pledge will be paid:

- One-Time
  - Monthly
  - Quarterly (Jan, Apr, Jul, Oct)
  - Annually
    - Amount: \_\_\_\_\_
- Over the next:    1    2    3    4    years (Please circle one)
- December will be the deadline month

- Bank Account
  - Checking    \$ \_\_\_\_\_ one-time (Jan) OR \$ \_\_\_\_\_ monthly for a total gift of \$ \_\_\_\_\_
  - Savings    Monthly option:     5th of each month or     20th of each month (Jan-Dec)
  - Financial Institution    9 Digit Routing # \_\_\_\_\_ Acct # \_\_\_\_\_

### 4: OTHER OPTIONS

- Tribute Gift    This gift is in     Honor     Memory of    \_\_\_\_\_
- Matching Gift - This gift will be matched by:    \_\_\_\_\_
- Please send acknowledgement to: \_\_\_\_\_    Please provide any required matching gift forms
- Planned Gift - Please contact our office about including STRiVE in your estate planning

### 5. RECOGNITION

- This is how my name should appear: \_\_\_\_\_
- I/We wish to remain anonymous

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



This pledge outlines my intention to fulfill this commitment in support of

## FRAMING THE FUTURE - STRiVE ON!

#### CONTACT INFORMATION:

STRiVE  
950 Grand Avenue  
Grand Junction, CO 81501

THANK YOU FOR YOUR PARTNERSHIP!



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