



Pledge/Donation Form

DONOR INFORMATION (PLEASE PRINT)

PERSONAL GIFT

CORPORATE/COMPANY GIFT

Name		
Business Name (if applicable)		
Address		City, State, Zip
Phone (home)	Phone (cell)	Phone (business)
Email	Would you like to receive our newsletter? <input type="checkbox"/> Y <input type="checkbox"/> N	

Donation amount (circle one)	\$1 - \$499 <small>Bronze</small>	\$500 - \$999 <small>Silver</small>	\$1,000 - \$4,999 <small>Gold</small>	\$5,000 - \$9,999 <small>Platinum</small>	\$10,000 or more <small>Community Ambassador</small>
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I would like my donation to be used as follows:

Project Fund (Non-endowed – can be used immediately for current projects)

Endowment (Yearly earnings may be used for community project grants)

<p>Method:</p> <ul style="list-style-type: none"> • Cash <input type="checkbox"/> Enclosed <input type="checkbox"/> Please send invoice • Check <input type="checkbox"/> Enclosed <input type="checkbox"/> Please send invoice Please make Checks payable to NDCF with "Vision West ND" written on the memo line • Credit Card (circle one: Visa MC Amex Discover) Card # _____ Exp. Date _____ • Other _____ (A Representative from NDCF will contact you) 	<p>Frequency: (beginning _____, 201__)</p> <ul style="list-style-type: none"> <input type="checkbox"/> One Time <input type="checkbox"/> Monthly, divided into 12 equal payments <input type="checkbox"/> Quarterly, divided into 4 equal payments <input type="checkbox"/> Annually # of years (circle one) 1 2 3 4 5 <input type="checkbox"/> We would like to receive a pledge reminder <p>FOR A TOTAL AMOUNT OF \$ _____</p>
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I/We wish to remain anonymous

Please contact me/us about making an estate or planned gift

This gift is in honor/memory of _____
(Who should we send acknowledgements to? Name & Address)

Recognition: Name(s) as you would like it to appear on our donor recognition materials

Donor Signature _____ Date _____

THANK YOU FOR YOUR PARTNERSHIP!

Contributions to the Vision West ND Foundation are charitable under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3). Payments must be received before the end of the current calendar year to be eligible for a tax deduction this year.

Please complete and MAIL to Vision West ND Foundation, 2493 4th Ave W., Ste G, Dickinson, ND 58601

OR SCAN and email to YWNDFoundation@gmail.com

Questions: Contact John Heinen at John@NDCF.net or CALL 701.590.4641