



FAITH. COMMUNITY. CARES.

The Campaign for Solanco Neighborhood Ministries' New Home

MY PLEDGE FOR THE CAMPAIGN

Confidential Information

FULL NAME

SPOUSE'S NAME

ADDRESS

CITY STATE ZIP

HOME PHONE WORK PHONE

EMAIL CELL PHONE

NAME(S) as they should appear on campaign donor wall

I/We wish to remain anonymous

Current Gifts & Pledges:

I/We agree to contribute \$_____ to Solanco Neighborhood Ministries

A check for \$_____ is enclosed

Gift will be made via transfer of appreciated securities. Please contact me with transfer instructions.

The contribution will be paid over a period of
○ 1 yr ○ 2 yr ○ 3 yr ○ 4 yr ○ 5 yr

Please send us reminders of our pledge payments due in _____ (month) of each year.

Please return to:

Solanco Neighborhood Ministries
355 Buck Road
Quarryville, PA 17566

Planned Gifts & Estate Provisions:

I/We will be making a gift to this campaign through a new planned gift. Estimated value to SNM: \$ _____

I/We have enclosed the following documentation (e.g., pertinent section of a Will, copy of Beneficiary Form):

Please note any other information you wish us to provide, record or have:

Naming Opportunity (if applicable): Please reserve the following Naming Opportunity:

First Choice:

Second Choice:

Gift Purpose:

I/We would like my/our gift to be used as follows:

Where the needs are greatest for the Faith. Community. Cares. Campaign

Restricted to the following purposes for the Campaign:

DONOR SIGNATURE(S)

DATE