



## CAPITAL CAMPAIGN PLEDGE FORM

NAME			
ADDRESS		CITY	
STATE	ZIP	PHONE	EMAIL
SIGNATURE		DATE	

### I WANT TO HELP STRENGTHEN THE REGION THROUGH THE POWER OF FOOD.

In support of the Fighting Hunger, Growing Hope Campaign, I promise to give the following commitment:

\$ \_\_\_\_\_ payable over \_\_\_\_ months (through 12/2019). My first payment will be on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ via:

- Monthly installments of \$ \_\_\_\_\_
- One-time payment of \$ \_\_\_\_\_

**OPTIONAL:**

**I am making this gift in honor of:**

**BUY-A-LEAF NAMING OPTION** (for gifts over \$500):

I would like my family or company name listed as follows: (ex: John and Jane Smith; Smith Family)

**I am making this gift in memory of:**

### PAYMENT TO THE FOOD BANK OF NORTHWEST INDIANA WILL BE MADE AS FOLLOWS:

- Electronic drafting from my bank:**  
 Routing No. \_\_\_\_\_  
 Account No. \_\_\_\_\_  
 (on the 15th of each month for the next \_\_\_\_ months)
- Charge my credit card** | VISA MASTERCARD AMEX DISCOVER  
 Name on Card \_\_\_\_\_  
 Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_
- Check**  
 (payable to the Food Bank of Northwest Indiana)
- Gift of Securities, Real Estate, or Other Assets**
- Deferred Gift** (i.e. Bequest, Charitable Gift Annuity, Charitable Reminder Trust, Beneficiary of Retirement Plan)
- I would like to know more about my pledge.**  
 Please contact me via the information above.

