



The Homelessness to Hope Campaign Pledge Form

DONOR INFORMATION (Please print)

I (We) would be pleased to support the *Homelessness to Hope* Campaign.

Last Name: _____ First Name(s): _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell: _____

Pledge reminders will be sent via e-mail unless otherwise requested. Email: _____

PLEDGE INFORMATION

I (We) pledge a total of \$ _____ Amount Enclosed: \$ _____ Remaining Pledge \$ _____

I (We) wish to spread our remaining pledge over... 1 2 3 4 5 year(s)

For the remaining pledge, I will make payments Monthly Quarterly Semi-annually Once a year.

I will begin periodic payments on ____ / ____ / 20 ____

PAYMENT METHOD

- Auto Withdrawal from Checking or Savings (Contact your financial institution for instructions)
- Automatic Credit Card Payments
- Check
- Stock
- Other (describe on back)

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card Number _____ Exp. Date ____ / ____ Security Code _____
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DONOR RECOGNITION

To inspire others, St. Francis House will recognize donors.

I wish to remain anonymous You may acknowledge my (our) names as: _____

SIGNATURE

X _____ Date _____

I plan to provide for St. Francis House in my estate plans.

Make checks payable to **St. Francis House**. In the memo, note Homelessness to Hope Campaign.
You may list any special instructions on the back of this form. Gifts are tax-deductible as provided by law.

Return to:

Julie Becker, Executive Director, St. Francis House ~ 210 N Sherman Ave. ~ Sioux Falls SD 57103

(605) 351-3714 director@stfrancishouse.com