



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
We will bill your card beginning on the date indicated above. Enter card information >>>

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

Check
 Stock
 Other (describe on back)

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 ~ 1301 East Austin ~ Sioux Falls SD 57103
(605) 351-3714 director@stfrancishouse.com