



## ***The Courage to Begin Again***

*A Campaign Honoring the Courage of Survivors as they Rebuild and Begin Again*

### **CAPITAL CAMPAIGN PLEDGE FORM**

To provide funds for the capital campaign for Sanctuary, Inc. and for and in consideration of the gifts and pledges of others, I (we) pledge \$ \_\_\_\_\_ to Sanctuary, Inc. payable over the next \_\_\_\_\_ years. Please designate my (our) gift as follows (You may select more than one):

- \_\_\_\_\_ Capital needs
- \_\_\_\_\_ Programmatic needs
- \_\_\_\_\_ Wherever most needed, as determined by the Board

Amount enclosed herewith \$ \_\_\_\_\_. Balance remaining \$ \_\_\_\_\_. I (we) would like to complete this pledge as follows:

\$ \_\_\_\_\_ Quarterly, beginning in [month & year] \_\_\_\_\_, \_\_\_\_\_.  
\$ \_\_\_\_\_ Annually, beginning in [month & year] \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_

Other payment schedule \_\_\_\_\_

Name \_\_\_\_\_  
*(Please print name as you wish to be recognized.)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My (our) gift is eligible for matching gift funds through \_\_\_\_\_.

\_\_\_ Check here if you desire additional information regarding the planned giving opportunities available.

\_\_\_ Check here if you wish your contribution to remain anonymous.

\_\_\_ Check here if this gift is being made in honor or in memory of someone special.

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

*Thank you for your tax-deductible gift. Please make your check payable to Sanctuary, Inc.*

*For more information, please contact:  
Heather M. Lancaster, MPA  
Sanctuary, Inc. Executive Director  
270-885-4572 • heather@thesanctuaryinc.com*