



Capital Campaign Gift/Pledge Form

Donor Information:

Name: _____

Company (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

Please keep this gift/pledge anonymous

My company will match this gift/pledge

Gift/Pledge Information

I/we pledge a total of \$_____ to be applied in its entirety to TCM's **BUILDING HOPE** Capital Campaign.

A single gift in 2016. Payment information is below.

Annual pledge payments of \$_____ in 2016 2017 2018 2019 (please circle all that apply)

Payment Information

Enclosed is my check for a gift of \$_____ made payable to TCM Counseling.

I will pay online at www.tcmcounseling.org

Credit Card Information

Cardholder's Name _____

Credit Card # _____ Expiration Date _____

Billing address (if different from above): _____

Cardholder's Signature: _____ Date: _____

Please return to: TCM Counseling - 120 S. Fifth Street - Grand Haven, MI 49417 www.tcmcounseling.org
director@tcmcounseling.org (616)842-9160 Fax: (616) 935-1288

TCM will invoice you for pledges during the years that were circled above.