



CAPACITY CAMPAIGN PLEDGE FORM

Donor(s)		
Address		
City	State	Zip
Home phone	Mobile phone	
Email		
PLEDGE INFORMATION		
YES , I (we) want to contribute to Great Dreams	: Capacity Campai	gn
□ I (we) have enclosed a gift of \$		
I (we) wish to pledge this amount \$		
monthly or yearly and to be paid through 1 year (2024) or 2 years (2025)		
CONTRIBUTION FORM		
I (we) plan to make my (our) contribution in the fo	orm of:	
🗖 cash 🔲 check 🔲 credit card 🔲 stoc	ck 🖵 property	other
For stock transfers or property please contact <u>give</u>		e gifts,
Please charge my gift to VISA, MASTERCARD, D	ISCOVERY or AME	Х
You may also enter information online at <u>www</u> .	tubman.org/great-	dreams-campaign.html
Card No.		
Exp. Date	Sec Code	
Name on Card		
Signature		
□ I (we) wish to make a gift by direct electronic for checking or savings account. (You will be maile		
My (our) gift will be matched by		
Matching gift form enclosed		
Matching gift form will be forwarded via magnetic strength	ail or email	
Signature	Da	te

Please return to GreatDreams@tubman.org or Great Dreams Campaign, 4432 Chicago Avenue South, Minneapolis, MN 55407 rev. 9/2024