



30/300/3000 CAMPAIGN

In consideration of the gifts of others, and to demonstrate my/our appreciation and support for the mission of VisionServe Alliance, it is my/our desire to pledge a total of \$ _____ to the Campaign.

My gift will be paid by:

☐ Check/Credit Card ☐ Stock* ☐ Electronic Transfer ☐ Other_____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

** For more information on making a stock gifts, electronic transfer, and other than cash, please contact Roxann Mayros at 314.961.8235 or via email at rmayros@visionservealliance.org*

Amount paid now (if any): \$_____. Balance remaining:\$_____.

** VisionServe will provide an annual statement for tax purposes reflecting pledge payments.*

My/Our gift will be in the following time period:

- ☐ Annually in _____ (choose month), over _____ years/months
☐ Quarterly _____ (choose month), over _____ years/months
☐ Monthly _____ (choose month), over _____ years/months

My/our gift will begin _____ (choose month and year)

*** VisionServe will provide pledge reminders a month prior.*

For recognition purposes, please list my/our name(s) as:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Return this form to wendy@visionservealliance.org or mail to us: VisionServe Alliance, 8760 Manchester Rd., St. Louis, MO 63144.