QUALITY. COMPASSION. SUPPORT.

A CAPITAL CAMPAIGN FOR OUR HIGH COUNTRY SERVICE AREA

YES! I want to be a part of the vision to provide **more** quality, **more** compassion and **more** support to the High Country.

NAME/DONOR _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL _____

☐ I am interested in a named gift opportunity.

Terms of Pledge

Total Pledge/Contribution $ _____

Pledge to be paid as follows:

☐ I am supporting this campaign today with a gift of

$ _____

☐ Multi-year payment of _____ years given in installments as follows:

☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

☐ I have already included AMOREM in my estate plan.

☐ I would like to receive information about the benefits of including AMOREM in my estate plan.

SIGNATURE _____

YOUR GIFT IS AN ACT OF LOVE

Method of Payment

☐ Check payable to AMOREM with **Capital Campaign** in the memo

☐ Credit Card Number

_____

Exp _____ CV _____

☐ Stock

_____

Contact Kerri McFalls at kmcfalls@amoremsupport.org

☐ Matching Gift

My gift will be matched by

_____

AMOREM is certified by the IRS as a 501(c)(3) tax-exempt (nonprofit) organization. Donations to AMOREM are tax-deductible as allowed by law.

