

Capital Campaign Commitment Agreement

Cash and Asset Gifts

I/we commit to the vision of the "Building Hope a Home" campaign.

Asset Gifts

OME	"Building Hope a Home" cam	-	(such as stock, IRA "minimum withdrawal" gifts, real estate,		
	Total Amount of Commitment	in-kind gifts, etc.)			
BOYS & GIRLS CLUB OF WALKER COUNTY	total of cash and/or "asset gi	•			
	\$				
Donor Namir	ng Opportunities		Approx Value: \$		
~	nities are available for the "Build e see the Impact Brochure (page	• .			
I/we would like to	name the following area:				
with a contribution	n of \$				
For donor recogn	ition purposes, please use the f	ollowing name(s) or spec	cify, "anonymous."		
and Payment	Information				
od of payment and	ming Opportunity gifts specified d the length of commitment peri	od.	e the following section to specify		
* *			Zip:		
	Em				
_	d: This commitment to the "Build 3 years \Box 4 years \Box 5 years	= -			
_	eck \square credit card \square other (p	-			
by Credit Card:	☐ Discover ☐ Mastercard [□ Visa			
rd Number:	Expiration Date:				
of Cardholder:		back of card:			
est credit card pa	yments according to the following	ng schedule:			
	Amount:	Please contact Executive Director Michelle Spencer if			
	Amount:	you would like to extend your pledge payments over			
	a longer period: (936) 291-6054; fax (936) 291-88 Amount: or mspencer@walkercountykids.org. Checks sho				
	Amount:	or mspencer@walker	countykids.org. Checks should		

Donor Naming Opportunities

Donor and Payment Information

For Cash, Asset and/or Naming	Opportunity gifts specified a	above, please complete	the following section	to specify
the method of payment and the	length of commitment period	d.		

Donor Name(s):							
Address:		City:	State:	Zip:			
			:				
Length of Paymer	nt Period: This commitr	nent to the "Buildin	g Hope a Home" campaiç				
			ase specify)				
If Paying by Credi	t Card: □ Discover	☐ Mastercard ☐ \	/isa				
Credit Card Numbe	er:	Expiration Date:					
Signature of Cardh	older:		Code on back of card:				
I/we request credit	card payments accordi	ng to the following	schedule:				
Date:	Amount:		Please contact Executive Director Michelle Spencer if you would like to extend your pledge payments over				
	Amount:						

Matching Gift Form Enclosed. If applicable, this could increase the amount of your gift.

a longer period: (93 Date:_____ Amount: _____ or mspencer@walke be made payable to Huntsville, TX 7734

Date:_____ Amount: _____