



WesleyLife Meals on Wheels Capital Campaign: *So Much More Than Meals*

Please provide your contact information below.

Name _____
Please print name as you would like to be listed when recognition is applicable. Include spouse name if spouse is to be included in recognition. If anonymous, please list name here and check anonymous box below.

Address _____

City, State Zip _____

Email _____

Home Phone _____ Cell Phone _____

Please accept my gift to support the WesleyLife Meals on Wheels Capital Campaign.

Please select a payment option:

Outright Contribution

I/We wish to make an outright gift of \$_____

Check enclosed (payable to WesleyLife)

Please charge my Credit Card: MasterCard Visa Discover

Card Number _____ Exp. Date ____/____

(authorized signature required at end of this form)

Pledge

I/We pledge* a total gift of \$_____ payable in installments of \$_____ beginning in ____/____.
(month/year)

I/We intend to make payments [monthly quarterly semi-annually annually] over ____ year(s).

I/We wish to receive pledge reminder letters, based on the above payment schedule.

I/We do not wish to receive reminders.

**Pledges will be receipted and recognized by the IRS in the year payment(s) is/are made.*

Matching Gifts

My/our employer will match my/our gift. Please include matching gift form.

I/We have included this project in my/our estate plans.

I prefer to remain anonymous (Please do not publish my name as a donor.)

Signature _____ Date _____

Signature _____ Date _____

WesleyLife Meals on Wheels is a 501(c)3. Our tax ID is 20-3970256.

Thank you!