

CAPITAL CAMPAIGN PLEDGE FORM

Donor name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____



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PLEDGE INFORMATION

- ☐ YES, I (we) pledge a total of \$ _____ for the Fort Bend Care Center Capital Campaign.
- ☐ I (we) support the capital campaign with a ONE-TIME gift of \$ _____
- ☐ I (we) pledge a recurring gift of \$ _____ with a Start Date of _____
☐ Monthly ☐ Quarterly ☐ Annually End Date _____
(Please complete payment by Dec 31, 2027)

DONOR WALL RECOGNITION LEVELS

Individuals with cumulative capital donations at \$3,000 or more will be recognized in various levels:

Founders (\$500k+)

Builders (\$100k-\$499k)

Pillars (\$50k-99k)

Partners (\$25k-49k)

Advocates (\$10k-24k)

Friends (\$3k-\$9k)

METHOD OF PAYMENTS *(Check all that apply)*

- ☐ Check payable to Fort Bend Care Center in the amount \$ _____
(Memo: Capital Fund)
- ☐ Charge: ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover ☐ Other _____
Credit Card #: _____ Charge Amount \$ _____
Expiration Date: _____ month/ _____ year CVV _____
Donor Signature: _____
- ☐ Stock/QCD/ACH/DAF _____ (we will contact you with next steps)
- ☐ Matching Gift: My (our) gift will be matched by: _____
- ☐ I (we) wish to keep our gift anonymous

DONOR RECOGNITION *Name(s) to use in acknowledgements*

Name(s) _____

Thank you! Your donation of any amount will make a difference!