

# WE CARE.

Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I (we) pledge \$ \_\_\_\_\_ to Howard Brown Health's **We Care** campaign to be paid over \_\_\_\_ year(s)

Howard Brown Health may publicly acknowledge my (our) commitment:  yes  no

Name for recognition purposes: \_\_\_\_\_

I (we) would like to discuss additional gift recognition opportunities.

## Pledge Information

My gift is designated to:

- We Care Campaign for All sites  
 BYC  Halsted  South Side

To be paid in the following installments:

- annually  monthly  quarterly  
 other \_\_\_\_\_

Amount of first payment: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Future payments to be made in the amount of \$ \_\_\_\_\_

My (our) pledge will be completed by: \_\_\_\_\_ (date).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Method of Payment

I (we) plan to make my (our) pledge in the form of:

- cash  check payable to Howard Brown Health  
 credit card  stock \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please do not transmit credit card information by email.*

## Matching Gifts

- My (our) gift will be matched by: \_\_\_\_\_
- A matching gift form is enclosed.  
 A matching gift form will be forwarded to Howard Brown Health.  
 I (we) would like information about a planned gift to Howard Brown Health.

### Please Return to:

Howard Brown Health  
PO Box 13500  
Chicago, IL 60613

For more information, please contact **Diane Pascal**,  
Senior Vice President of External Relations at  
**773.572.6988** or [dianep@howardbrown.org](mailto:dianep@howardbrown.org).

