



## “\$50K in 50 Days” CLINIC CAMPAIGN GIFT/PLEDGE FORM

### DONOR INFORMATION

Name(s): \_\_\_\_\_

Company/Foundation: (if applicable) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

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

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEDGE INFORMATION

I (we) pledge a total of \$ \_\_\_\_\_ to be applied in its entirety to the “\$50K in 50 Days” Campaign for Iowa Humane Alliance. This pledge will be fulfilled as follows:

- A single gift. Payment information is below.  
 Monthly     Quarterly     Yearly    payments of \$ \_\_\_\_\_

### CONTRIBUTION FORM

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

- Cash     Check     Charge     Other \_\_\_\_\_

Please charge my credit card:     Visa     MasterCard     Discover     American Express

Cardholder's name: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Authorized Credit Card Signature: \_\_\_\_\_

My gift will be matched by \_\_\_\_\_ *Company/Foundation/Family*

- Matching gift form enclosed\*     Matching gift form will be forwarded to Iowa Humane Alliance

*\* Many companies offer matching gift programs that will double a donation's value. Check with your company to find out if they offer this benefit.*

### DONOR RECOGNITION

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

- I (we) wish to remain anonymous.

#### **Please return to:**

Iowa Humane Alliance <> PO Box 5292 <> Coralville, IA 52241  
Phone: 888-977-2942 <> www.iowahumanealliance.org