



# Pledge Form

## Pledge Information

I pledge my support of the **Arizona Center for the Blind & Visually Impaired** Annual Campaign with a gift of:

- |                                   |                                      |                                  |                                  |
|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$7,500     | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500 |
| <input type="checkbox"/> \$1,000  | <input type="checkbox"/> \$750       | <input type="checkbox"/> \$500   | <input type="checkbox"/> \$250   |
| <input type="checkbox"/> \$100    | <input type="checkbox"/> Other _____ |                                  |                                  |

## Method of Payment:

- Check enclosed (please make payable to Arizona Center for the Blind & Visually Impaired)
- Please bill me/charge my card (choose below)
- Monthly    Quarterly    Once on \_\_\_\_\_ (date)
- Credit Card: (type)    Visa    MasterCard    American Express

Credit card number	
Expiration date	

- Gift will be matched by \_\_\_\_\_ (company/family/foundation).
- Form enclosed    Form will be forwarded
- Yes, I would like information on your Planned Giving and Legacy Gifts Program

## Donor Information (please print or type)

Name (Please print as it is to appear on ACBVI donor lists or publications. <i>If you wish to remain anonymous or honor someone, please indicate below.</i> )	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

- I wish my gift to be anonymous
- I wish my gift to be in honor of: \_\_\_\_\_
- I wish my gift to be in memory of: \_\_\_\_\_

Signature(s)
Date
Campaigner