



Building a Place to AGE in COMMUNITY

Pledge Form

I/We are pleased to make a gift of \$_____ payable over _____ years (*maximum of 3 years*) in support of the Life Care Humboldt's Launch Campaign.

Pledge Information

I will fulfill this pledge with a one-time payment on _____ (date).

I will fulfill this pledge through annual semi-annual quarterly monthly payments of \$_____ beginning on (date) _____ and ending on _____.

Other (please specify) _____.

Method of Payment (please complete on the following page)

Please recognize my gift as follows:

Name and/or Business Name (if applicable)

I wish to remain anonymous. (Please fill out donor info below)

Name _____

Address _____ City, State Zip _____

Telephone _____ Email _____

Signature _____ Date _____

Thank you for your generous commitment!

Please continue to next page and complete payment information.

*Life Care Humboldt
2037 Blake Road
McKinleyville, CA 95519
lch@lifecarehumboldt.org
(707) 845-2454*

Method of Payment

Enclosed is a check for \$_____, payable to the Life Care Humboldt.

Charge my Visa MasterCard Discover

Card # _____ Exp. Date _____ CVV# _____

Billing address (if different from mailing address)

Address _____

City, State, Zip _____

Electronic Funds Transfer from my checking account

Name on account _____

Routing/ABA number _____ Account number _____

**We can also accept Minimum Required Distributions (MRD) from your IRA(s)
as well as donations of stocks, bonds, or real estate.**

GIFTS OVER TIME – 3 YEARS				
Monthly	Quarterly	Annually	Total Gift	
\$33.33	\$100.00	\$400.00	\$1,200	
\$69.44	\$208.33	\$833.33	\$2,500	
\$138.89	\$416.67	\$1,666.67	\$5,000	
\$208.33	\$625.00	\$2,500.00	\$7,500	
\$277.78	\$833.33	\$3,333.33	\$10,000	
\$694.44	\$2,083.33	\$8,333.33	\$25,000	
\$1,388.89	\$4,166.67	\$16,666.67	\$50,000	
\$2,777.78	\$8,333.33	\$33,333.33	\$100,000	

**You may fill out and sign this form then email to lch@lifecarehumboldt.org.
Or you may print the form and mail to the address below.**

Please call Life Care Humboldt at (707) 845-2454 or email at lch@lifecarehumboldt.org with any questions about payment methods or the information requested on this form.

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