

Pulaski Adult Day Service & Fall Prevention Center Inc.
Capital Campaign—Charitable Pledge Agreement

I /We, _____ donor,
of _____ street address, _____ city/town,
_____ state _____ zip code, hereby pledge and agree to contribute to the Pulaski Adult
Day Service & Fall Prevention Center Inc. the sum of _____ dollar amount by
December 31, 2016.

I /We choose to make this contribution as indicated below:

Single lump sum payment:

I agree to make a contribution in one lump sum for the purpose of satisfying this pledge and
further agree that this pledge will be satisfied in full by _____ (date).

Annual payments:

I agree to make an annual contribution beginning _____ (date) in the sum of
\$ _____ each year for the purpose of satisfying this pledge and further agree that this
pledge will be satisfied in full by _____ (date).

Monthly payments:

I agree to make a monthly contribution beginning _____ (date) in the sum of
\$ _____ each month for the purpose of satisfying this pledge and further agree that this
pledge will be satisfied in full by _____ (date).

I /We wish to remain anonymous.

I /We wish my/our name(s) to be listed among the campaign donors.

I/We wish to make this contribution

in honor of _____

in memory of _____

This pledge is made on _____ (date).

_____ (signature of donor)

Email address: _____ Phone: _____

To make a donation by check, please make checks payable to:

Pulaski Adult Day Service & Fall Prevention Center Inc.
P.O. Box 877
Pulaski, VA 24301

To make a credit card donation, please go to our website
and use "Click & Pledge" to make a payment:

www.pulaskiadultdayservice.org.

To learn more, please call

(540) 200-8783

*Donors will receive newsletters and updates on the progress of the Pulaski Adult Day Service & Fall
Prevention Center Inc. via email and/or regular mail. Please check the "opt out" box if you do not
want to receive these automatic updates .*