

# MY GIFT & PLEDGE

Thank you for supporting The Senior Deaf & Blind Community

## Important Notes for All Donors

- \*Single payment gifts and multi-year pledges (payable within five calendar years) are encouraged
- \*Credit card payments and gifts of stocks & securities and other non-cash assets are welcomed
- \*All gifts are tax deuctible as allowed by law
- \*Please make checks payable to NCSD Foundation, Inc./SDBC, P.O. Box 1397, Morganton, NC 28680

I/We embrace the mission of the Senior Deaf & Blind Community and express our support of this project by subscribing a total of \$ \_\_\_\_\_.

- \_\_\_\_\_ My gift is in honor of, or in memory of, as indicated on this card.
- \_\_\_\_\_ This is a lump-sum gift; enclosed is a check in the amount of \$ \_\_\_\_\_
- \_\_\_\_\_ This is a pledge payable within five calender years. I want to make my first payment in year \_\_\_\_\_

My payment schedule is \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
2016 2017 2018 2019 2020

I plan to make my pledge payments (check one): \_\_\_ Monthly; \_\_\_ Quarterly; \_\_\_ Semi-annually; \_\_\_ Annually  
For annual payments, I wish to be reminded in the month of \_\_\_\_\_.

- \_\_\_\_\_ My company/employer will match my gift; please contact me.
- \_\_\_\_\_ I wish to make my payments using a credit card; please contact me for my card information.

Please print the name or names of individuals (and business names, if applicable) associated with this donation below.

\_\_\_\_\_   
Print Complete Donor Name

\_\_\_\_\_   
Mailing Address

\_\_\_\_\_   
State Zip Code Phone

\_\_\_\_\_   
Email

\_\_\_\_\_   
Donor Signature (required) Date

- \_\_\_\_\_ I have additional ideas about my gift and/or this campaign; please contact me.
- \_\_\_\_\_ Please email additional information about The Senior Deaf & Blind Community.



**P.O. Box 1397  
Morganton, NC 28680  
828-433-0830 (voice)  
828-475-0684 (VP)  
www.aldersprings.org**

## HONOR/MEMORIAL INFORMATION

This gift is (check one): \_\_\_ in honor of; \_\_\_ in memory of

Name (s) of honored: \_\_\_\_\_

Name (s) of remembered: \_\_\_\_\_

Please notify the following person of my gift: \_\_\_\_\_

At this address: \_\_\_\_\_

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