CONTRIBUTION/PLEDGE FORM
Please return this completed form to
PO Box 88, Ashland, WI 54806
or fax to 715-682-9566 or email to info@ndshelter.org

DONOR INFORMATION

|  |  |
| --- | --- |
| Name:  | Company:  |
| Address:  | City:  | State:  | Zip:  |
| Phone Number:  | Email:  |
| Would you like to receive our quarterly e-Newsletter? [ ]  Yes [ ]  No, thank you!  |
| Check how you are affiliated with New Day Advocacy Center?  |
| [ ]  New Donor | [ ]  Past Donor | [ ]  Volunteer | [ ]  Staff Member | [ ]  Board Member |

DONATION/PLEDGE INFORMATION

|  |  |
| --- | --- |
| Check | Enclosed is my gift of $ payable to New Day Advocacy Center.  |

|  |  |
| --- | --- |
| Pledge | I/we pledge a total of $ . Enclosed is a payment of $ with a remaining balance of $ .I wish to have this donation spread out over [ ]  1 year [ ]  2 years [ ]  3 years [ ]  Other: I will be paying [ ]  Monthly [ ]  Quarterly [ ]  Semi-annually [ ]  Annually |

|  |  |
| --- | --- |
| Credit Card | One-time gift of $ .Monthly donation of $ for [ ]  1 year [ ]  2 years [ ]  3 years [ ]  Other: Type of Card: [ ]  Visa [ ]  Mastercard  |
| Name on Card:  | Account Number:  |
| Expiration Date:  | Three-digit Security Code:  |
| *I authorize New Day Advocacy Center to debit my credit card account.* |
| Signature:  | Date:  |

DONOR RECGONITION

[ ]  I/we wish to be listed among the campaign of donors as follows:

[ ]  I/we wish for our donation to remain anonymous.

MEMORIAL/TRIBUTE INFORMATION

Make your gift a memorial, tribute or endowment contribution

|  |  |  |
| --- | --- | --- |
| [ ]  In memory of  | [ ]  In honor of  | [ ]  Endowment Contribution  |

MATCHING

[ ]  I/we will seek a matching gift from my/our company. Company Name:

***Thank you for supporting New Day Advocacy Center. Your gift is greatly appreciated. You may also donate online at www.ndshelter.org/donatevolunteer.html. New Day Advocacy is a charitable non-profit. Please consult your tax advisor regarding tax deductibility questions.***