

Capital Campaign Donation/Pledge Form

To make a pledge please use the form and mail or email it to:

Heather Engle
Las Vegas Rescue Mission
480 W. Bonanza Rd.
Las Vegas, NV 89106

Email: heather@vegasrescue.org

Date: _____

Contact Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Donation Amount: \$ _____

Pledge Amount: \$ _____ payment to be made ___ Monthly ___ Quarterly
___ Annually | Annual Installments to be paid over ___ years

Payment Form (check one): Check VISA Mastercard American Express Discover

____ Payment will be made via donor advised fund or investment fund via check or
electronic funds transfer

Card Number: _____ Expiration: _____ CVV Code: _____

Name as it appears on the card: _____

Signature: _____

This donation/pledge is made in honor/ memory of: _____
(check one)

Please send notification of my gift to: _____

Address: _____