FIREWEED
Family Center

Capital Campaign Pledge Form

CONTACT INFORMATION

Name_____

Name(s) for Recognition_____ ☐ Anonymous

– OR – make your gift a tribute: ☐ In Honor of… ☐ In Memory of…

Tribute Name_____

– OR – if you are combining your gift with others, please indicate the individuals, or organization:

_____

_____

Street 1_____

Street 2 _____City_____ State_____ Zip_____

Phone Number _____ Email Address _____

SUPPORT THE FIREWEED FAMILY CENTER CAPITAL CAMPAIGN

Total Pledge of $ _____ First annual payment date for multi-year pledges: _____

To be paid over: ☐ 1 Years ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

(Minimum pledge of $5,000 annually for multi-year pledges – unless paying by credit card)

Signature_____ Date_____

This pledge is a commitment to give the amount specified.

DONATION INFORMATION

☐ **CHECK** – Make checks payable to: **Southeast Childhood Collective**
3200 Hospital Drive, Suite 204, Juneau, AK 99801
Memo: Fireweed Capital Campaign

☐ **CREDIT CARDS** – Visa, MasterCard, Discover, and AMEX are accepted online at **childhoodcollective.org**

☐ **QUALIFIED CHARITABLE DISTRIBUTION**

☐ **STOCK TRANSFER** – Made through the Juneau Community Foundation. Information at **juneaucf.org**

☐ **ACH** – Made through the Juneau Community Foundation. Information at **juneaucf.org**

☐ **MATCHING GIFT FROM EMPLOYER:** – Company Name_____

SOUTHEAST Childhood Collective

Contact: Nikki Love, Creative Director • Southeast Childhood Collective
nlove@childhoodcollective.org • 907.789.1235

Recognition opportunities do not reflect the exact cost of any item, but rather the level of recognition commensurate with the size of the gift. No goods or services of substantial value will be provided in exchange for a gift.