



Easterseals Colorado Commitment Form

Donor Information (please print or type)

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ cell home business

Fax: _____ E-mail: _____

Pledge Information. I (we) pledge a total of \$ _____ to be paid as a:

- | | |
|--|---|
| <input type="checkbox"/> <i>Annual Pledge</i> . Installments over: | <input type="checkbox"/> <i>One-time Gift Now</i> |
| <input type="checkbox"/> Three Years | |
| <input type="checkbox"/> Two Years | <input type="checkbox"/> <i>Recurring Gift</i> . Make the donation: |
| <input type="checkbox"/> One Year | <input type="checkbox"/> Monthly |
| Installation reminders will be sent to you. | <input type="checkbox"/> Quarterly |

Your gift will be Unrestricted unless otherwise specified here: _____

Payment Details. I (we) plan to make this contribution in the form of:

- Check*. Please make check(s) payable to Easterseals Colorado.
- Credit Card*. Please charge my: MasterCard VISA Discover American Express
- Credit Card No.: _____ Exp.: _____ CVV: _____
- Cardholder Signature: _____ Zip Code: _____
- Stock*. Transfer Date: _____ Stock Name/Symbol: _____ # of shares: _____
- Other*: _____

Gift(s) will be matched by _____ (company/family/foundation)

- matching gift form enclosed matching form will be forwarded

Acknowledgment. Please sign and date below, confirming your financial commitment.

Signature(s) _____

Date _____

- I (we) wish to have our gift remain anonymous.

*Your contribution is tax-deductible to the full extent of the law, though this is not intended as legal or tax advice.
Kindly consult with your professional advisor(s) regarding your situation.*