



The Moving Mercy Forward Capital Campaign
Enhancing our Campus, Erasing Boundaries for Seniors

Campaign Pledge Form

DONOR INFORMATION (please print or type)							
Name							
Spouse's Name							
Today's Date							
HOME ADDRESS							<input type="checkbox"/> <i>This is my billing address</i>
Address		City		State		Zip	
Tel		Cell		E-Mail			
BUSINESS ADDRESS							<input type="checkbox"/> <i>This is my billing address</i>
Title		Company					
Address		City		State		Zip	
Tel		Fax		E-Mail			

CAMPAIGN SUPPORT		TOTAL AMOUNT OF CAMPAIGN SUPPORT \$ _____
Type of Gift	Amount of Support	
Cash/Pledge	\$	
Estate Gift	\$	
Gift of Real Estate	\$	
Stocks/Securities	\$	
Other _____	\$	

Please return this form and make checks, corporate matches, or other gifts payable to:
 Mercy Retirement and Care Center | 3431 Foothill Blvd | Oakland, CA 94601
 510.846.5005 – www.ElderCareAlliance.org – Fed Tax ID #94-1156579

GIFT/PLEDGE INFORMATION

I/We pledge a total of	\$	over a period of	months/years	
Payment frequency	<input type="checkbox"/> Outright	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Initial Payment	\$	1 st Installment Date	/	

PAYMENT OPTIONS

<input type="checkbox"/> I/We will pay by check (please make payable to Mercy Retirement and Care Center . Payment reminders will be sent one month in advance.				
<input type="checkbox"/> I/We will pay by securities. Mercy Retirement and Care Center will contact you with the broker/DTC instructions.				
<input type="checkbox"/> Other payment option:				
<input type="checkbox"/> I/We will pay by credit card and authorize Mercy Retirement and Care Center to charge pledge installments as scheduled above.				
Credit card type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex	
Credit card number			Expiration date	/
Name as appears on card			CVV #	
Authorized signature				

LEAVE A LEGACY (Legacy campaign gift plus campaign gift/pledge equals total commitment)

<input type="checkbox"/> I/We would like to make an estate gift to this campaign in the amount of \$_____.
<input type="checkbox"/> I/We would like more information about making a planned or estate gift to Mercy Retirement and Care Center.

RECOGNITION

The following is the manner in which my/our name is authorized to appear on any official/public recognition for Mercy Retirement and Care Center.

<input type="checkbox"/> Name(s)	
<input type="checkbox"/> Anonymous	I/we wish my/our gift to remain anonymous
<input type="checkbox"/> In Memory <input type="checkbox"/> In Honor Of	
<input type="checkbox"/> Reserve the following naming opportunity	

I/we will make every effort to honor the scope and timing of this commitment, but reserve the right to modify it in the event of unforeseen circumstances.

Signature(s): _____	Date: / /

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