

BROOKLYN CAMPAIGN PLEDGE FORM

Yes, I/we will join the Brooklyn Campaign Committee, be an ambassador for Callen-Lorde and make a campaign pledge of \$3,000 or more that can be paid over several years.

CONTACT INFO

NAME(S)

TELEPHONE

ADDRESS

E-MAIL

CITY

STATE

ZIP

I/WE WOULD LIKE TO MAKE A GIFT TONIGHT IN THE AMOUNT OF:

\$25,000

\$10,000

\$5,000

\$1,000

\$15,000

\$7,500

\$2,500

Other Amount \$ _____

My/Our gift will be paid in
 annual installments semi-annual installments

Please find enclosed my/our completed matching gift form(s) from _____

over a period of:

one year two years three years

My/Our gift is in memory of in honor of _____

My/Our first pledge payment will begin on _____

Callen-Lorde will send timely pledge payment reminders.

Please notify _____

I/We grant permission for the Callen-Lorde to list my/our name(s) as a contributor to its capital campaign, and I would like my gift/our acknowledged in all publications as follows: _____

This form reflects my commitment to the payment of this pledge to Callen-Lorde.

I/We wish to remain anonymous.

DONOR'S SIGNATURE

DATE

Please send this form to: Callen-Lorde Community Health Center, 356 West 18th Street, New York, NY 10011 or droberts@callen-lorde.org. Callen-Lorde Community Health Center is a registered 501(c)(3) nonprofit and contributions are tax-deductible to the extent permitted by law. Please contact Donnie Roberts, Senior Director, Development & Communications at droberts@callen-lorde.org or 212-271-7172.

THE CAMPAIGN FOR
CALLEN-LORDE BROOKLYN
expanding access to care