



Pledge Form Capital Campaign

Donor Information (please print or type)

Name: _____

Billing Address: _____

City, State, Zip: _____

Email: _____

From a grandparent raising several grandchildren:
"The staff at TVCRN always help me, whether it's with clothing or diapers or books. They make a big difference in this community."

Pledge Information

I / We pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I / We plan to make this contribution in the form of: cash check Paypal other.

Gift will be matched by: _____

(company/family/foundation)

form for match enclosed form for match will be forwarded

From a mother whose daughter was diagnosed with a rare condition:
"Since she has been there, her vocal sounds have improved, her attention span has grown, and she interacts with other children so much better. I would love to have the staff at the Relief Nursery continue to have interactions with my daughter throughout her development. These people are by far the best in their field."

Acknowledgment Information

Please use the following name(s) in all acknowledgments:

OR I/We wish to have our gift remain anonymous.

OR this is in memory of: _____

Please make checks, corporate matches, or other gifts payable to:

TVCRN Building Fund
588 W. Idaho Ave.
Ontario OR 97914