



Anne Carlsen  
Nurturing abilities. Changing lives.

## PATHWAY FOR THE FUTURE COMMITMENT FORM

I/we would like to contribute to the Anne Carlsen Center's Capital Campaign by committing \$ \_\_\_\_\_  
as an:  Pathway Endowment OR  Pathway General Fund with the following payment schedule and applied  
towards the Anne Carlsen Pathway for the Future Capital Campaign.

### Scheduled Payments

Amount to be paid over \_\_\_\_\_ years as follows:

First payment of \$ \_\_\_\_\_ will be made on \_\_\_\_\_

Remaining payments to be made on the following schedule:

\_\_\_\_\_ Monthly, beginning on \_\_\_\_\_

\_\_\_\_\_ Quarterly, beginning on \_\_\_\_\_

\_\_\_\_\_ Semi-annually, beginning on \_\_\_\_\_

\_\_\_\_\_ Annually, beginning on \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

A pledge reminder will be sent to you prior to each payment date. State your preferences below.

 email

 letter

 phone call

 1st of the month

 15th of the month

 30th of the month

 Check is enclosed  
payable to Anne Carlsen Center

 Charge my credit card

\$ \_\_\_\_\_

 Visa

 Mastercard

 Discover

 American Express

Credit Card Number

\_\_\_\_\_

Expiration Date \_\_\_\_\_

 Other \_\_\_\_\_

\_\_\_\_\_

### Gift Recognition

Please list my/our name(s) as indicated: \_\_\_\_\_

I/we wish to remain anonymous; do not include my/our name in any donor listing.

I/we wish to discuss naming opportunities.

### Donor Information

Print Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your contribution is tax deductible to the extent allowed by IRS regulations. If you have specific tax questions, please consult your financial, tax or legal advisor.

# GIFT/PLEDGE FORM

## Donor Information



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Print Name(s) \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Gift Recognition

Please list my/our name as follows: \_\_\_\_\_

I/We wish to remain anonymous; do not include my/our name in any donor listing

I/We wish to discuss naming options

## Outright Gift

I/We wish to make an outright gift of \$ \_\_\_\_\_ payable to "Anne Carlsen Center" (Check enclosed)

I/We wish to charge this gift of \$ \_\_\_\_\_ to my/our credit card.

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  Visa  Mastercard  Discover  American Express

OR call Anne Carlsen Foundation at 1-800-568-5175 to speak to a Foundation team member

## Pledge

I/We wish to pledge a total gift of \$ \_\_\_\_\_ (Pledge reminders will be sent)

Paid in equal intallments of \$ \_\_\_\_\_  Monthly  Semi-annually  Annually

Beginning \_\_\_\_\_ (mo/yr) for \_\_\_\_\_ years (Not to exceed 5 years)

My/Our first pledge installment is enclosed

I/We would like to automate my/our pledge through reoccurring ACH or credit card payments (A foundation team member will contact you)

## Gift Designation

I/We wish wish my/our gift to be designated to:

Anne Carlsen Programs

Anne Carlsen Endowment

Other: \_\_\_\_\_

Donor Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

(Sign here for pledges)

\_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support of Anne Carlsen Center!**