



In support of Renaissance West Community Initiative's mission of holistic community development, I/we are pleased to confirm the following commitment:

Name	
(as you would like it listed for donor recogn	nition)
$\Box$ This gift is in honor/memory ( <b>circle</b>	e one) of:
$\square$ I/we wish to make this gift anonym	nously.
treet Address	
City	State Zip
Phone	Email
prefer to receive communication through:	
Pledge Information	
n support of the campaign for RWCI, I/we ple	edge a total of \$ over years.
Please list any restrictions:	
<b>Payment Terms</b> If we will pay the annual pledged amount of th	his campaign pledge according to the following schedule:
□Quarterly	□Semi-Annually □Annually
irst payment:	
□Enclosed	
☐Beginning on//	
<del>-</del>	Gifts, or paying by Credit Card or Bank Draft, please contact nald at 704.248.3763 or mmcdonald@rwci.org
Matching Gift	
☐My Gift will be matched by my employer an	• • • • • • • • • • • • • • • • • • • •
☐The matching gift amount is <b>in add</b> i	
☐The matching gift <b>is included</b> in the	
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