

Changing How Military Families Heal



THERAPEUTIC RANCH CAPITAL PLEDGE FORM

DONOR/COMPANY NAME(s)

Contact to Receive Correspondence (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (b/h/c) _____ Email Address: _____

CONTRIBUTION INFORMATION

I/We pledge a total of \$ _____ towards Project Sanctuary's Campaign to secure a therapeutic ranch in Colorado serving active duty and veteran military families.

	<u>YEAR 1:</u> 2023	<u>YEAR 2:</u> 2024	<u>YEAR 3:</u> 2025	<u>3 YEAR TOTAL</u>
Multi-year commitment breakdown if applicable:	\$ _____	\$ _____	\$ _____	\$ _____

PAYMENT METHOD – SELECT ONLY WHAT APPLIES:

I plan to make a contribution in the form of: Cash/Check Stock Credit Card Other _____

My gift will be sent on the following date(s): _____

Please send pledge reminders: Annually Semi-annually Quarterly beginning _____/_____ (mo/year)

Charge my credit card on the following date(s) _____

Credit Card Information: Visa Mastercard American Express

Credit Card # _____ Exp. Date _____/_____

ACKNOWLEDGEMENT

Please print your name(s) as you would like it to appear in formal recognitions and/or publications:

I would like my gift to be anonymous and do not want my name listed for recognition

Donor Signature _____ Date _____

Project Sanctuary * P.O. Box 1563 * Granby, CO 80446

Questions? Contact Chief Development Officer, Carrie Bair-Norwood at Carrie@projectsanctuary.us.