

**Northeast Ohio Hispanic Center For Economic Development**

 **CentroVilla25 Capital Campaign**

 **Pledge Form**

**Please accept my Gift of $ \_\_\_\_\_\_\_\_\_\_ to be paid as follows:**

1. One-time *lump sum* contribution of $
2. Contribution Over Time: Total Pledge Amount = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An *initial* contribution of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and,

 *Subsequent* contributions of $ will be made: \_\_Yearly \_\_Semi-annually \_\_Quarterly \_\_Monthly

 Paid over: \_\_ One year \_\_Two years \_\_Three years; Starting on (Month/Year) \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_.

FORM OF PAYMENT

* Lump Sum or Initial Contribution

\_\_\_ Check - Make payable to the *HISPANIC BUSINESS CENTER-****CV25***

 \_\_\_ Credit Card - Please enter information below OR choose to contribute securely online at:

 [**https://www.hbcenter.org/donations/campaigncv25/**](https://www.hbcenter.org/donations/campaigncv25/)

* Subsequent/Recurring contributions will be paid by: \_\_\_Check \_\_\_Credit Card

 Please set-up payments through the secure online portal

 Will you require payment reminder/invoice? \_\_ Yes \_\_ No

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Pledge Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) to list in donor acknowledgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Check here if you wish this gift to remain anonymous.

Additional Terms/Instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I am (We are) eligible for employer matching funds from (Company), and*

*I (We) wish to secure gift credit for matching contributions from that source:* Yes N o

If not using online portal provide the following information:

Credit Card: \_\_\_American Express \_\_\_Discover \_\_\_ MasterCard \_\_\_VISA

Name on Card (please print):

Credit Card # Exp. Date: / CVV

Billing Address (IF different than above address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State Zip Code

Card Authorizing Signature: Date:

**For more information please contact: jcontreras****@hbcenter.org** **and/or Call (216) 281-4422 (Office & Fax)**

 ***\*Please return the completed form via email, fax or by mail to:***

**Jenice Contreras, Executive Director, NEOHCED,** **2511 Clark Avenue, Cleveland, OH 44109**

**Thank You For Your Contribution!**

NEOHCED is a 501(c)3 nonprofit EIN #34-1805510. Your gift may qualify as a charitable contribution. Consult with your tax adviser.