NORTHEAST OHIO HISPANIC CENTER FOR CONOMIC DEVELOPMENT CENTROVILLA25 CAPITAL CAMPAIGN PLEDGE FORM



Please accept my Gift of \$				_ to be paid as follows:			
One-time lump sum contribution of \$							
Contribution Over Time: Total Pledge Amount = \$							
An in	itial contribution	of \$		and, Subsequent	and, Subsequent contributions of \$		
will b	e made: Yea	arly	Semi-annually	Quarterly	Monthly		
Paid	over: One	e year	Two years	Three years; Sta	arting on	/	(Month/Year).
l wou	ıld like to be a P o	ower100 Me	mber (Minimum \$5	5,000 Commitment)			
FORM OF PA	YMENT						
Chec	k - M ake payabl	e to the HIS I	PANIC BUSINESS	CENTER-CV25			
			ation below OR ch s/campaigncv25/	oose to contribute securel	y online at		
Will you requi	re payment remi	nder/invoice'	? Yes	No			
First Name:				Last Name:			
Address:				City:	Si	tate:	
Zip Code: Telephone:				Mobile/Cell:			
Email:							
Pledge Signa	ture*:				Date:	:/	/ (dd/mm/yy)
Name(s) to lis	t in donor ackno	wledgement	·				
Chec	k here if you wis	h this gift to	remain anonymous	3			
Additional Ter	ms/Instruction: _						
I am (We are)	eligible for emp	loyer matchii	ng funds from				(Company), and
I (We) wish to	secure gift cred	it for matchin	g contributions fro	m that source: Yes	No		
If not using or	nline portal provi	de the follow	ng information:				
Credit Card:	American Ex	press 1	Name on Card (ple	ase print):			
	Discover	(Credit Card #:		Exp. Date:	/	_ (mm/yy) CVV:
	MasterCard Billing Address (IF di			different than above addre	ferent than above address):		
	VISA	(City:	State:		Zip Code	:
				ignature*:			

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!