



A Vision of Hope

PLEDGE FORM

Thank you for your commitment and support to HOPE Clinic. Please complete this form to outline your gift to our Capital Campaign. Your financial support is so very much appreciated. Return to: Dr. Andrea Caracostis, CEO, HOPE Clinic, 7001 Corporate Drive, Ste. 120 Houston, Texas 77036.

In support of the Capital Campaign, I (We) pledge the following gift:

\$ _____ over _____ year(s).

The naming opportunity I (We) would like to select is:

I (We) will be making a gift, paid here with:

Cash/Check* Credit Card # _____ Exp. _____

Securities and Stock Other _____

**Please make checks payable to HOPE Clinic Capital Campaign.*

Installment Plan (if applicable) **::

\$ _____ to be paid on or about _____

\$ _____ to be paid on or about _____

\$ _____ to be paid on or about _____

***Payment reminders will be forwarded annually on your pledge date anniversary unless otherwise requested.*

Signature: _____ Date: _____

Name: _____

Please print name as you would like it to appear for public recognition.

Preferred Mailing Address: _____

City/Zip: _____ Date: _____

Home Phone: _____ Office Home: _____

Email: _____ Fax: _____

**If you have any questions, please call (713) 526-5397
Harriet C. Latimer, Capital Campaign Fundraising, harrietlatimer@aol.com**