

# Community Assistance Endowment

## Match Gift Pledge Form

### DOUBLE YOUR GIFT!

Your gift to the Community Assistance Endowment Fund will be **matched dollar for dollar\*** to provide scholarships to help individuals with disabilities and their families receive services and supports that are otherwise not funded. Services may include in-home or community supports, employment assistance, transportation, short-term emergency assistance or assistive technology.

**Yes! I want to double my impact for Community Assistance for individuals with disabilities.**

My information and payment schedule is noted below.

\*Matching funds are available up to a total of \$2,500,000 or \$500,000 per year for five years beginning December 1, 2016.

#### DONOR INFORMATION

Name: \_\_\_\_\_

(As it will appear in the campaign materials)

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### PAYMENT SCHEDULE

I want to make a one-time gift in the amount of:

\$ \_\_\_\_\_

I will make my gifts according to the following schedule:

Year 1: \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Date)

Year 2: \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Date)

Year 3: \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Date)

Year 4: \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Date)

Year 5: \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount) (Date)

#### PAYMENT OPTIONS

##### ACH Payment

Monthly (automatic withdrawal occurs on the 15th of each month)

Quarterly (automatic withdrawal occurs on the 15th of January, April, July and December)

Yearly (automatic withdrawal occurs on the 15th of November)

**Note:** An ACH must be set up with the Foundation on at least a yearly basis. Dates listed above are default dates; if you wish to modify your default dates please use the payment schedule on this form.

##### Check

My first check is enclosed and subsequent check(s) will be sent according to the payment schedule listed.

Checks payable to: **ServiceSource Foundation**

##### Credit Card

Visa  Master Card  American Express

Card No: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_