

Gift Commitment Form

Donor/Contact Name: _____

Business or DAF (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Name as it should appear in campaign recognition: _____

GIFT or PLEDGE INFORMATION

Check made payable to *Local Start Dental*.

Credit charged to my Visa MasterCard American Express

Name on card: _____ Exp. Date: _____

Card #: _____

Signature: _____ CVC #: _____

Pledge My gift of \$ _____ will be paid in _____ monthly / annual installments
(circle one)

of \$ _____ each, beginning in _____, 20____. My first payment of \$ _____ is enclosed.

Signature: _____ Date: _____

Contact me about other forms of donation, such as in-kind gifts (equipment, furnishings, dental materials and supplies, etc.), a gift of stocks or securities, an employer matching gift, a planned estate gift, volunteering professional services, or others.

DONOR RECOGNITION

I would like this gift to be anonymous.

This gift is in honor / memory of _____
(circle one)

Please notify: _____

(Name)

(Address)

*** Please attach any special or additional information about your gift/pledge. ***

Local Start Dental

Mailing address: 120 Queensferry Rd., Cary, NC 27511

doug.brown@localstartdental.org | Tel: 919-740-3344 | localstartdental.org

Local Start Dental, is a 501(c)(3) charitable organization, EIN: 83-3397388.

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