

GIFT AGREEMENT

Today's Date: _____

_____ Yes! We would like to support the Coastal Kids Home Care Capital Campaign with a
pledge of \$ _____.

Please invoice for this gift over _____ years beginning on (date) _____.

Note: The Donor may accelerate the payment of any or all of this pledge at any time so long as the cumulative total of all gift payments meets the foregoing schedule.

NAMING AND PAYMENT INFORMATION

Contact Person:

Name	Phone	Email
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Name as it should appear for recognition purposes (if different from above):

Naming can be an even more meaningful experience when we take this opportunity to recognize and remember those who have had a significant impact on our lives. Consider naming in honor or in memory of a loved one.

Name as it should appear on the room/area (if named in honor or in memory, please include the phrase that should accompany the names(s) included):

Please include a statement that reflects why you are making this gift and what this gift means to you (Optional and very much appreciated):

PAYMENT INFORMATION

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check enclosed is payable to Coastal Kids Home Care

Please bill me on (date) _____ for \$ _____.

Charge payments to my credit card: Visa MasterCard

Name as it appears on card _____

Card Number _____ Expiration Date _____ (mm/yyyy)

Signature _____ Date _____ CVV _____

Name on Card: _____

Billing Address (if different from above): _____

Gift agreed to and accepted by:

Donor Signature: _____

Signature of the Co-Founder and Director: _____

**Return completed form to: Kelli Brown, Development Director, 1-800-214-5439 or
cell (831) 594-8826, Email: kbrown@coastalkidshomecare.org**