



## Capital Campaign Donation/Pledge Form

To mail check or credit card payment use the form below and mail to:

Las Vegas Rescue Mission  
480 W. Bonanza Rd.  
Las Vegas, NV 89106

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

### Contact Information

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

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

City/State/Zip: \_\_\_\_\_

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

**Donation Amount:** \$ \_\_\_\_\_

**Pledge Amount:** \$ \_\_\_\_\_ payment to be made \_\_\_ Monthly \_\_\_ Quarterly

(in order to reach our fundraising goal, we ask that pledges are paid within one year)

Payment Form (check one): Check VISA Mastercard American Express Discover

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

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

This donation/pledge is made in \_\_\_\_\_ honor/ \_\_\_\_\_ memory of: \_\_\_\_\_  
(check one)

Please send notification of my gift to: \_\_\_\_\_

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