



GIFT COMMITMENT FORM

Donor Contact Information

Name _____
 Address _____ City _____ State _____ Zip Code _____
 Phone _____ Email _____

Total Campaign Donation

Payment Schedule (please check one)

Denote amount(s) and payment schedule below.

- One-Time Gift _____
 Pledge:

YEAR	GIFT AMOUNT	PAYMENT FREQUENCY DETAILS
2023		
2024		

Payment Method (please check one)

- I will mail in a check(s) payable to Campagna Center
 I will donate online at campagnacenter.org/donate/
 I would like to make a stock donation
- Charge my credit card for a one-time gift
 Charge my credit card for recurring gifts

Billing Address (if different from above)

Address _____
 Credit Card Number _____
 Expiration Date _____ CVV Number _____ Zip Code _____

Recognition

Name(s) for recognition in campaign materials _____

Donor Agreement

Signature _____ Date _____

Please return this form to Kathryn Duval, Chief Development Officer
 Mail: Campagna Center, c/o Kathryn Duval, PO Box 25228, Alexandria VA 22313
 Email: kduval@campagnacenter.org