



# OPERATION HOME FOR HEROES CAPITAL CAMPAIGN COMMITMENT FORM

## Donor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Gift Information:

Yes, I/we will support the Operation Home for Heroes Campaign with a gift/commitment of \$ \_\_\_\_\_.

## Payment Details:

Pledge payments will begin (month/year) \_\_\_\_/\_\_\_\_ and will be paid over

1       2       3 year(s)       other\* \_\_\_\_\_

Payments will be made  quarterly       semi-annually       annually

other \_\_\_\_\_ (Please specify)

I/we are paying by check, payable to Alpha Omega Veterans Services.

Please charge my/our:  Visa     MasterCard     Discover     American Express

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

Account Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Security Code \_\_\_\_\_

I/We want to pay this gift/pledge with stock. Please contact me.

(A member of the Development staff will contact you for more information.)

My employer or foundation, \_\_\_\_\_ will match my/our gift.

DONOR RECOGNITION - Please use the following name(s) in all acknowledgments.

Name \_\_\_\_\_

Please keep this gift/commitment ANONYMOUS. I understand that my name will not be listed in any publications or donor recognitions for this campaign.

DONOR SIGNATURE (S) - Your signature and date are required to comply with recommended accounting procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit your completed form to: Alpha Omega Veterans Services Inc.  
Attention: Vicki Azlin, 1183 Madison Ave., Memphis, TN 38104 (901) 726-6820  
azlin@alphaomegaveterans.org