



## CAPITAL CAMPAIGN PLEDGE COMMITMENT

Name(s) \_\_\_\_\_

Amount Pledged \_\_\_\_\_

Address \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

City \_\_\_\_\_

Balance \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**I prefer to pay the balance as follows**

E-mail \_\_\_\_\_

\_\_\_\_\_ Annually

Telephone \_\_\_\_\_

\_\_\_\_\_ Quarterly

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

\_\_\_\_\_ Monthly

Signature \_\_\_\_\_

**Over a period of**

Signature \_\_\_\_\_

1 Year      3 Years      5 Years

Please make your check payable to:  
**Luther Manor Communities**

I would like to pay by credit card:    Visa    MasterCard

Number \_\_\_\_\_ Expiration \_\_\_\_\_

Authorized Signature \_\_\_\_\_

My gift will be matched by \_\_\_\_\_  
Company

Matching form is enclosed:    Yes    No

Name as it should appear for recognition: \_\_\_\_\_

I wish my gift to be anonymous:    Yes \_\_\_\_\_    No \_\_\_\_\_

If you have questions about your pledge, please contact **Janet Warren, 563-690-5237**

I would like information about putting LMC in my will:    Yes \_\_\_\_\_    No \_\_\_\_\_