

# Continuum of Caring



D'YOUVILLE LIFE & WELLNESS COMMUNITY CAMPAIGN

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Please complete donation information on the back of this card.

I/we pledge a total gift in the amount of: \$ \_\_\_\_\_.  
enclosed is \$ \_\_\_\_\_.

The pledge balance of \$\_\_\_\_\_ will be paid as follows (please check the following boxes for your payment option):

annually  semi-annually

quarterly  monthly or

other \_\_\_\_\_

for the period of: 1 2 3

4 or 5 years

Your gift is tax deductible in the year paid.

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### Payment Type:

Check: Payments to be billed beginning on the following date: \_\_\_/\_\_\_/\_\_\_  
(Please make checks payable to D'Youville Foundation)

Credit Card:  Visa  MasterCard Card #: \_\_\_\_\_  
CVV2 (security code #): \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

### Special Instructions:

This gift will be made with securities, property or other assets (please note here):  
\_\_\_\_\_

This gift is made to honor or memorialize: \_\_\_\_\_  
\_\_\_\_\_

**Thank you for your support!**

### Pledges may be sent to:

D'Youville Foundation  
P.O. Box 8828  
Lowell, MA 01853

For more information  
please call the D'Youville Foundation  
Capital Campaign Office  
at 978.569.1000 x2580



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