



Campaign Pledge Form

(Return form to Auriela Taczala, Deputy Director, ataczala@dihfs.org)

I (we), _____, notify Denver Indian Health and Family Services of my (our) pledge of _____ . The payment terms and usage of the funds are outlined below.

Donor Information (please print or type)

Name (formal acknowledgement)	
Address (preferred)	
City, State, Zip Code	
Telephone (preferred)	
Fax	
E-Mail	

I (we) ask that this gift be used to support the following:

Capital at 901 Navajo General Operating Specific Purpose _____

I (we) plan to satisfy this pledge according to following schedule:

Year of Payment	Scheduled Payment	Fund(s)
<i>Example: 2024</i>	<i>\$XXXX</i>	<i>\$XXXX Care Center/\$XXXX Operating</i>
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

I (we) would like to make payments: annually quarterly monthly Beginning _____

Please DO NOT send pledge reminders

My (our) first/one-time payment is included, and I (we) have completed the initial pledge payment information on page two.

I (we) plan to utilize funds from ancillary sources (such as corporate, matching gift, family foundation or donor advised/ directed funds). I (we) have included this information on page two.

Donor Signature(s)
Date

I (we) have designated DIHFS in my (our) will/estate planning.

I (we) would like more information about including DIHFS as a beneficiary in my will, insurance, IRAs, etc.

1. Recognition Information

Donors will be recognized in campaign materials unless an anonymous gift is requested.

Please use the following name(s) in all acknowledgements: _____

- I (we) wish to remain anonymous
- Please contact me to discuss naming opportunities

2. Initial or One-time Payment Information:

***Note: This information is only necessary if donor includes an initial payment, as noted on page 1, with this pledge:**

- Check enclosed Check number _____
- Bill my credit card Visa Mastercard AMEX

Name on Card

Credit Card Number **Expiration Date**

Payment Signature **Date**

3. Funds from Other Sources(if applicable):

Year of Payment	Source(s)	Amounts
<i>Example: 2024</i>	<i>1. Stock 2. Donor Advised Fund</i>	<i>1. \$25,000 2. \$25,000</i>
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____
20__	_____	_____

For stock transfers or property donations, please contact Jennifer Hunter, 303-398-1245, jhunter@denverhospice.org

4. Gift will be matched by (company/family/foundation).

- form enclosed form will be forwarded.

Please make checks, corporate matches, or other gifts payable to:

Denver Indian Health and Family Services, 455 Sherman St. Ste 130 Denver, CO 80203, Attn: Capital Campaign

DIHFS is a 501 (c)(3) Organization Federal tax I.D. # is 84-0724261