

campaign25 Esperanza

I want to help Esperanza open doors with a total three-year pledge of \$ _____.

Please select a payment schedule:

- Annually: \$ _____ x 3 payments (1 per year) = \$ _____ TOTAL
- Bi-annually: \$ _____ x 6 payments (2 per year) = \$ _____ TOTAL
- Monthly: \$ _____ x 36 payments (12 per year) = \$ _____ TOTAL

I would like to begin my payments on the following date (mm/dd/yy): ___ / ___ / ___

Please select a method of payment:

- Check is enclosed in the amount of \$ _____.
- Please bill me for these payments on the schedule chosen above

- Please bill my credit card for these payments on the schedule chosen above
- Visa MC # _____ Expires _____ Security Code _____

- In-kind donation (stocks, bonds, etc.)

OPTIONAL: My pledge is to be used for:

- (___% Sustainability)
- + (___% New programs)
- + (___% Wm. Senquiz Scholarship Fund)
- + (___% as seen fit by Esperanza Board)
- = 100% total contribution

If you do not designate, your full contribution will be considered a general **campaign25** endowment contribution. Thank you for your support.

Please complete the following and sign below:

Donor Name(s) : _____
Billing address: _____ City _____ State _____ Zip _____
Telephone: (h) _____ (w) _____ (c) _____
E-mail address: _____

How did you learn about Esperanza's **campaign25**?

- Personal presentation by (name) _____ Fiesta of Hope esperanzainc.org
- Other _____

Signature: _____ Date: _____

Please make checks payable to Esperanza, Inc. (a 501c3 non-profit). All contributions are tax-deductible.
Esperanza campaign25, 3104 W. 25 Street, 4th Floor, Cleveland, OH 44109 | 216-651-7178 | esperanzainc.org