



GROW BOLD WITH US CAPITAL CAMPAIGN



Company/Organization _____
 Name(s) _____
 Address _____
 City, State, Zip _____
 Phone _____ Email _____

GIFT/PLEDGE AMOUNT

- I/We wish to make a gift to the Three Pillars Senior Living Communities **Grow Bold With Us** Capital Campaign.
- I/We commit the following:

Total Amount of Gift: \$ _____

Payment Amount: \$ _____ One Time Annually Semi-Annually Quarterly Monthly
 over a period of _____ years [max 3 years preferred], beginning (date) _____

Or, I/We prefer to make payments as follows _____

PAYMENT OPTIONS

- Check enclosed \$ _____ (payable to Three Pillars Senior Living Communities)
- Stock or other appreciated securities. Please send me transfer instructions.
- Credit Card. Online at www.ThreePillars.org/Giving/Memory-Care-Campaign
- My company/employer will match my gift. I have enclosed employer information.

DONOR RECOGNITION

Please print name(s) as it should appear in the official records and any donor recognition.

- I/We wish to remain anonymous _____
- My gift is in Honor/Memory of: _____

Signature _____ Date _____

Please return this form to: 375 State Road 67, Dousman, WI 53118

For more information, contact Terri Isabell, Chief Development Officer, 262.965.7294 or tisabell@threepillars.org.

Wisconsin Masonic Home, Inc. d.b.a. Three Pillars Senior Living Communities
is a 501(c)3 public charity and all gifts are tax deductible.

Thank You!