

## **Pledge Form**

Yes, I would like to make a pledge of financial support to MemoryCare to help support their work with families affected by Alzheimer's disease and other types of cognitive impairment.

## **Contact Information**

Name:	
Address:	Chatan 7im
City:	State: Zip:
Phone:	Email:
Pledge Inforn	nation
I will support the	e work of MemoryCare through a financial pledge to make a:
One time gift of	\$
Total gift of	\$ to be given in monthly / quarterly / annual (circle one) payments
Recurring gift of	and completed by (date) \$ every month / quarter / year (circle one)
	ide me a reminder by (circle one): Email / Mail / Phone
•	is (optional):
, 6	In Memory of:
	In Honor of:
	provide the name and address of anyone you would like to be notified of your pledged gift:
(notific	ation will be sent when the gift is paid in full)
Name:	<del></del>
Addres	
City:	State: Zip:
☐ Please do n	ot publicly acknowledge my pledged gift(s).
<u>Payment</u>	
To make your pl	edge payment by check, please complete this form and mail together with a check made payable to 'MemoryCare:'
The SEC	CU Center for MemoryCare
	· Horizons Lane
Ashevil	le, NC 28803
	edge payment by credit/debit card or automatic bank draft, secure online pledge payments may be made at
www.MemoryC	are.org by clicking the 'donate' button.
Please consider and available to	MemoryCare in your will and estate planning. MemoryCare relies on charitable donations to keep services affordabl all.
□ Contac	t me about planned giving options or making gifts of stock, estate or insurance/retirement policy.
	Thank you in advance for your pledge!
A member of	four Development team will reach out to confirm your pledge details. If you have questions, please contac

Your financial contribution is tax deductible to the extent allowed by law. MemoryCare is a 501 (c)(3), non-profit organization (Federal Tax ID #56-2178294). Financial information about MemoryCare and a copy of its license are available from the State Solicitation Licensing Branch at (888) 830-4989.

Liz Grieco, Development Assistant, by phone at 828-771-2219 or email at <a href="mailto:grieco@memorycare.org">grieco@memorycare.org</a> with any questions.