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: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pledge Information

I will support the 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
and completed by _____ (date)

Recurring gift of $_____ every *month / quarter / year* (circle one)

➢ Please provide me a reminder by (circle one): *Email / Mail / Phone*

My gift is *(optional)*:

In Memory of: _____

In Honor of: _____

Please provide the name and address of anyone you would like to be notified of your pledged gift:
(notification will be sent when the gift is paid in full)

Name: _____

Address: _____

City: _____ State: _____ Zip:_____

☐ Please do not publicly acknowledge my pledged gift(s).

Payment

To make your pledge payment by check, please complete this form and mail together with a check made payable to 'MemoryCare:'

The SECU Center for MemoryCare
100 Far Horizons Lane
Asheville, NC 28803

To make your pledge payment by credit/debit card or automatic bank draft, secure online pledge payments may be made at www.MemoryCare.org by clicking the 'donate' button.

Please consider MemoryCare in your will and estate planning. MemoryCare relies on charitable donations to keep services affordable and available to all.

☐ Contact 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 our Development team will reach out to confirm your pledge details. If you have questions, please contact Janet Doyle, Development Director, by phone at 828-771-2219 or email at doyle@memorycare.org with any questions.