

OPENING DOORS WELCOMING *all*

Capital Campaign Pledge Form

Name(s) _____

Company Name (if corporate gift) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail _____

Capital Campaign Support

I/We intend to make a campaign gift of \$_____ to be paid over _____ year(s).

I/We will pay this campaign gift in (select one):

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly installments

of \$_____ beginning in _____ (month) of _____ (year).

Method of payment: ☐ Check ☐ Stock/Appreciated securities ☐ Other (please specify) _____

Annual Fund Support

Additionally, I/we intend to make an annual fund gift of \$_____ to be paid over _____ year(s).

I/We will pay this annual fund gift in (select one):

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly installments

of \$_____ beginning in _____ (month) of _____ (year).

Method of payment: ☐ Check ☐ Stock/Appreciated securities ☐ Other (please specify) _____

Additional Information

☐ I have included CrossOver Healthcare Ministry in my estate plans.

☐ I would like to discuss including CrossOver Healthcare Ministry in my estate plans.

☐ My/My spouse's company will match this gift. Company name: _____

Please indicate how you would like to be recognized on our contributors list:

Signature _____ Date _____

Thank you for your support. If you have any questions, please contact
Jackie Griggs, Development Director, at jgriggs@crossoverministry.org.

Please make all checks payable to CrossOver Healthcare Ministry.

CROSSOVER
Healthcare Ministry

CrossOver Healthcare Ministry is a 501(c)(3) non-profit organization. All gifts are tax deductible as provided by law.

8600 Quioccasin Rd., Suite 101, Richmond, VA 23229 • 804-655-2794 • CrossOverMinistry.org