



## PLEDGE FORM

I/we, \_\_\_\_\_, would like to confirm our wish to pledge \$\_\_\_\_\_ to the SafeSpace Children’s Advocacy Center of the Gorge capital campaign.

*You may choose a pledge payment schedule, or decide later on your plan.*

Year	Gift Amount
2023	\$ _____
2024	\$ _____
2025	\$ _____
2026	\$ _____
2027	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

- MVP**  
\$250,000 over 5 yrs
- Superstars**  
\$100,000 over 5 yrs
- All-Stars**  
\$50,000 over 5 yrs
- Champions**  
\$25,000 over 5 yrs
- Heroes**  
\$10,000 over 5 yrs
- Boosters**  
\$5,000 over 5 yrs



Please consider this an anonymous contribution.

Indicate any restrictions on use of your pledge. \_\_\_\_\_

Pledge start date: \_\_\_\_\_

Monthly

Annually

I/we would like SafeSpace to send a reminder or an invoice.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Return Pledge Form to Beatriz Lynch

Mail to PO Box 904, Hood River, OR 97031 or email [blynch@safespacecac.org](mailto:blynch@safespacecac.org)

Gifts to SafeSpace are tax-deductible to the extent allowed by law. Please consult your tax advisor as individual situations may vary. SafeSpaceCAC is a 501(c)(3) nonprofit organization serving Hood River, Wasco, Gilliam, Wheeler & Klickitat Counties.