

# 2021 Annual Giving Campaign Pledge Certificate

I/we would like to pledge/give \$ \_\_\_\_\_ in 2021 to support Island Senior Resources' valuable work with clients and caregivers; aware that if my/our financial circumstances change I/we may, at any time, increase or decrease a pledge by contacting ISR's Development Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2021

Name: (as it appears on your card, if using a credit card)

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (home / cell)

I/we would like to become a funding partner by making a pledge, paid over the remaining months of 2021. I plan to pay this pledge in the following way:

- by becoming an ISR Evergreen Partner with a monthly or one-time donation online at [www.senior-resources.org/donate](http://www.senior-resources.org/donate)
- with an enclosed check
- with a credit card (our system is as secure as any bank)
- quarterly     semi-annually     at the end of the year
- in some other way: \_\_\_\_\_

Please remind me by:  email     USPS mail     phone

Please call me for my credit card information

Credit Card Details:

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ (We will call you for your security code.)

I/we would also like (check one or more):

a conversation     to volunteer     to donate from my IRA

to discuss a planned gift

I/we are intending to remember, or have remembered, ISR in my/our will or trust.

I/we would like to go paperless from now on.

Please confirm how you would like your name to appear in our Annual Impact Report:

\_\_\_\_\_

Please keep my/our gift anonymous

This gift is in honor of \_\_\_\_\_

Other Notes:

*Thank you!*

Please return this pledge form to:

Charles LaFond, Development Director

360-210-3011

charles@island seniorservices.org

Island Senior Resources

P.O. Box 939

Freeland, WA 98249

