



## Capital Campaign

### Gift/Pledge Form

Name \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

#### Gift Commitment *(over a three year span)*

Total gift commitment \$ \_\_\_\_\_

If pledge, number of years to pay \_\_\_\_ beginning (Mo/Yr)\_\_\_\_/\_\_\_\_

Payments to be made:  Annually  Quarterly  Monthly  One Time

Payment enclosed: \$ \_\_\_\_\_ Balance due: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Gift Recognition

May we publicly recognize your gift?  Yes  No

My gift is:  In Honor of  In Memory Of

Notes:

Hope Haven International Ministries  
1800 19<sup>th</sup> Street  
PO Box 70  
Rock Valley, Iowa 51247-0070