

Donor Contact Information:

## I/We proudly pledge a gift in support of Rock Hill Miracle Park!

## Title: Full Name(s): Street Address: City, State & Zip: Email: Phone: Company: For donor recognition purposes, please use the following name(s) or specify "anonymous": This gift is made in \_\_\_ honor or \_\_\_ memory of: [ Send acknowledgement of this memorial or honorarium to: Thank you for supporting Miracle Park! Full Name: \_\_\_\_\_ Signature: Date: \_\_\_\_

## Phase 2- "Building for Belonging" Pledge Form

Total Contribution:									
I understand the total amount of my gift can be paid all at once or over a selected period of time in which I have indicated below.									
One Time Gift (paid in full by May 20, 2023)									
By Date:			Payment Type:	Check/Cash Credit Card					
<i>-0r-</i>									
Pledged Gift (Equal installments of at least \$1,000. First gift must be paid by May 20, 2023)									
Equal annual installment amount \$:		# of years: (max. 5)							
Installment #1 Date:		Payment Type:	Check/Cash Credit Card						
Installment #2 Date:		Payment Type:	Check/Cash Credit Card						
Installment #3 Date:		Payment Type:	Check/Cash Credit Card						
Installment #4 Date:		Payment Type:	Check/Cash Credit Card						
*Credit card information may be completed online at www.miracleparkrockhill.com									
I require an invoice to fulfill my pledge. Please send to me at the following address:									
I work for a matching gift company. Please list company name and contact information:									
York County Disabilities Foundation is a 501c(3) non-profit corporation. All gifts may be tax deductible as allowed by law, with the use of our tax ID #:									

57-1075070. No goods or services were received in exchange for this gift. Please contact your tax professional for full details. Your gifts are greatly appreciated.