



Chicago Methodist Senior Services

NEW VISION CAMPAIGN PLEDGE FORM

DONOR INFORMATION

Name: _____

Billing Address: _____

City, State Zip: _____

Phone: _____ Email: _____

PLEDGE INFORMATION

- \$10,000 Visionary Sponsor \$5,000 Dreamer Sponsor \$2,500 Advocate Sponsor
 \$1,000 Partner Sponsor \$500 Community Sponsor \$1 - \$275 Friend Sponsor
 Other amount: \$ _____

Signature: _____ Date: _____

PAYMENT OPTIONS

- One-time payment, on or before date: _____
- Multiple payments:
Date installments start: _____ Installment amounts: \$ _____
 Send monthly reminders until fully paid.

- Enclosing check for full or first installment payment. (Please make payable to **UMHS** / put **NVC** into the memo)

Mail to: Chicago Methodist Senior Services
Attn: Alicja Bonk
1415 W Foster Ave.
Chicago, IL 60640

- Charge my credit card for the one-time payment amount or for the installment payments as described above.

Payments accepted online via Paypal: [paypal.com/us/fundraiser/charity/1716446](https://www.paypal.com/us/fundraiser/charity/1716446)

If you wish to make a payment by phone, see contact information below:

My/Our employer(s) will match this gift.

I/ We wish to have our gift remain anonymous.

- If you have any questions, contact Peggy Clune or Deborah Jones-Miller:

Peggy Clune: peggy.clune@cmsschicago.org

Ph: 773-596-2285

Deborah Jones-Miller: djones-miller@cmsschicago.org

Ph: 847-864-7274

Thank you for your non-refundable pledge to Chicago Methodist Senior Services. CMSS is a 501(c)(3) non-profit organization. Donations to CMSS are tax-deductible as allowed by law.



Chicago Methodist Senior Services

Donor recognition is so important to us. We are offering every donor the opportunity to be publicly recognized during the New Vision Campaign, on each zoom session, our website and social media:

Level	Amount	Public Recognition		
		Sponsor Page During Zoom	On CMSS website	On Social Media
Visionary	\$ 10,000	Full-color logo / name, lg.	Full-color logo, lg	X
Dreamer	\$ 5,000	Full-color logo / name, med.	Full-color logo, med	X
Advocate	\$ 2,500	--	Full-color logo, sm.	X
Partner	\$ 1,000	--	Blk/Wht logo, sm.	X
Community	\$ 500	--	Name on donor list	X
Friend	\$ 1- 275	--	Name on donor list	X

I/ We would like to be included in public recognition for individual donors.

Print or type your name exactly how you wish it to appear on public recognition in the space below.

Corporate Donors - Please complete the following information.

Contact Name: _____

Company/Organization _____

Address: _____

City, St, Zip: _____

Phone: _____ Email: _____

Special Instructions: _____

Email any logo art to (high-resolution PDF, TIF, or JPG file) to: djones-miller@cmsschicago.org

We will provide you with a receipt that may be used for tax purposes.

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