

Our Family Caring for Your Future

Gift/Pledge Form



YES! I/we want to support Stewart's Caring Place.

- Future Home of SCP Building Endowment Fund Unrestricted Gift Other _____
- I would like my gift to be in honor of _____
- I would like my gift to be in memory of _____

Total Gift Amount \$ _____

Initial Payment \$ _____ **Balance \$** _____

The remaining balance will be payable in installments of \$ _____ over the next _____ years (no longer than three years) beginning _____, 20____ on the following schedule

Check one:

- Annually Semiannually Quarterly Monthly

Please automatically deduct from my credit/debit card:

- American Express MasterCard Visa

Name on card _____

Credit card no. _____

Exp. date CCV code Signature

Please use electronic funds transfer (EFT) from my bank account monthly:

- American Express MasterCard Visa

Gifts of Stock:

Please contact Stewart's Caring Place at 330-836-1772 for stock gift form.

Matching Gifts:

If you are employed by a matching gift company, please submit necessary form.

Donor Information

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

Company _____

Signature _____ Date _____

Please list my (our) name(s) as follows: _____

- I wish to remain anonymous

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StewartsCaringPlace.org