# Danny's Place

### BEACON OF HOPE EXPANDING OUR HORIZONS

#### **CAMPAIGN PLEDGE FORM**

I believe in the mission of Danny's Place and want to support the Beacon of Hope Campaign.	
Pledge Amount:	
I am supporting the campaign today with a gift of \$	
I am supporting the campaign with a total gift of \$  To be paid: now monthly quarterly yearly  Other - Please specify	
I am supporting the campaign with a gift of stock.	
Please contact me. I have thoughts to share.	
By this pledge, I/we are making a binding commitment to give the amount(s) specified above, which pledge Danny's Pl and will act in reliance upon to begin the projects supported by the Beacon of Hope Campaign. I/We intend that the te pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (includi limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the Massachusetts. Danny's Place is a non-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Revenue Code. The federal tax identification number is 77-0600310. Donations are tax-deductible to the extent allowed.	erms of this ing, without e State of ne Internal
Signature:	
Today's Date:	
Name (as it will appear in campaign reports):	
Mailing Address:	
Preferred Phone:	
Email Address:	
<b></b>	4
My check for \$ is enclosed, made payable to Danny's Place	
I'd like to contribute via wire transfer. Please contact me at:	
l'd like to donate via Credit Card. I will visit www.Dannys-Place.org/Hope and make my donati	on there

### **BEACON OF HOPE**

**EXPANDING OUR HORIZONS** 

## Danny's Place

NOTES, COMMENTS, ETC.

<del></del>