

"BUILDING BRIDGES TO BRIGHTER FUTURES"

**HESED HOUSE
COMPREHENSIVE
HOMELESS
RESOURCE CENTER**



**CHANGING LIVES
OF THE POOR AND
HOMELESS SINCE
1983**

Capital Campaign Pledge Agreement

I am pleased to contribute to the renovation of 680 South River Street to help Hesed House expand its services. I understand that the total amount of my gift can be paid over a multi-year period as outlined below.

- | | | | | |
|--------------|--------------|--------------|--------------|--------------|
| ___ \$1,000 | ___ \$2,500 | ___ \$5,000 | ___ \$7,500 | ___ \$10,000 |
| ___ \$20,000 | ___ \$30,000 | ___ \$35,000 | ___ \$40,000 | ___ Other |

As of April 2010 the following locations in the new building are available for Donor Naming Opportunities:

- | | |
|---------------|---|
| ___ \$ 25,000 | Staff, Volunteer and Event Prep Kitchen |
| ___ \$ 25,000 | Humanitarian Service Partnership Area |
| ___ \$ 25,000 | SEEDS Case Management Office |
| ___ \$ 50,000 | Financial Stability Area |
| ___ \$ 50,000 | Educational Opportunities Area |
| ___ \$500,000 | Building Naming Rights |

Rooms in Phase I renovation currently sponsored are:

- Alfred Bersted Foundation Lobby
- Oberweis Family Workforce Development Area
- Ayan Family Healthy Children's Services Area
- Expedite Media Group Area
- Pattison Family Legal Services Area
- Doheny Family Sober Living Services Area
- Michael L. Sullivan Family Mental Health Services Area
- Bertheau Family Veteran's Services Area
- Roth Family Re-Housing Services Area
- Johnson Family Training and Conference Center

I would like to name the _____ area as the _____

For donor recognition purposes, please use the following name(s) or specify "anonymous": _____

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

___ Enclosed, please find my check made payable to: *Hesed House*, Memo: *Capital Campaign*

___ Please charge my gift of \$ _____ to the following credit card:

- American Express Discover MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Signature of Card Holder: _____ Code on back of card: _____

I wish to make and fulfill my pledge as follows: Date: _____ Amount: _____
 Date: _____ Amount: _____
 Date: _____ Amount: _____

Please contact Director of Development Mary Ensor if you would like to extend your pledge payments over a longer period: 630-897-2156; fax 630-801-9759 or mentor@hesedhouse.org. Checks should be made payable to Hesed House • 659 South River Street • Aurora, IL • 60506 Memo: *Capital Campaign*

___ **Matching Gift Form Enclosed.** If you or your spouse works for a matching gift company, you could increase the value of your gift.

Signature(s) if making a Pledge. Date