

Every Member Campaign 2020

Pledge Form



National Health Care for the Homeless Council

Grounded in human rights and social justice, the National Health Care for the Homeless Council's mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

Donor Information

Full Name(s)	_____
Home Address	_____
Home City, ST Zip	_____
Home/Daytime Phone	_____ Contact preference is Home <input type="checkbox"/>
Business Address	_____
Business City, ST Zip	_____
Email Alt. Phone	_____ Contact preference is Business <input type="checkbox"/>

Gift Options

☐ **In a single gift**, I (we) give a total gift amount of \$ _____ to be paid **now, or**

☐ **Pledged over time**, I (we) pledge a total gift of \$ _____ to be paid in four equal amounts with the first installment of \$ _____ to be made as follows:

Four installments around the 15th of the month in: October, December, March, June

☐ **A recurring monthly gift of** \$ _____.

Payment Options

☐ Check Enclosed made payable to the *National Health Care for the Homeless Council (or simply NHCHC)*

☐ Credit Card - Type _____

Credit card Number	_____
Expiration Date	_____
Security Code	_____
Billing Zip Code	_____
Authorized signature	_____

☐ Gift will be matched by (company/foundation) _____

Acknowledgement Information

☐ **I (we) wish to have our gift remain anonymous.**

Please use the following name(s) in all acknowledgements: _____

Signature(s)

Please return form to Advancement staff or mail to:

Date

National Health Care for the Homeless Council
604 Gallatin Ave. Ste 106, Nashville, TN 37206-0427