



**GIFT of LIFE**  
Family House

Date: \_\_\_\_\_

**Open the Door to Life - Gift of Life Family House  
Capital Campaign Pledge Form**

\_\_\_\_\_ Yes, I/we hereby subscribe and agree to support Gift of Life Family House capital campaign, **Open the Door to Life**, and pledge to contribute the total sum of \$\_\_\_\_\_.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*\* Signature:** \_\_\_\_\_

**Naming Opportunity Selection (if appropriate)** \_\_\_\_\_

**Total Pledge: \$ \_\_\_\_\_ Payment enclosed: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_**

\_\_\_ Check enclosed. (Payable to: **Gift of Life Family House** Memo line: Capital Campaign)

\_\_\_ Charge my credit card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard  
Name of Cardholder \_\_\_\_\_  
Card # \_\_\_\_\_ Expiration \_\_\_\_\_  
Security Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I/we would prefer to make payments over a period of \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 years  
in the following manner:

\_\_\_\_\_ Annually \_\_\_\_\_ Semi-annually \_\_\_\_\_ Quarterly

Please specify date of first/next payment: \_\_\_\_\_

Transplant House, d/b/a Gift of Life Family House is a program of Gift of Life Donor Program. Contributions to Gift of Life Family House are tax-deductible to the fullest extent allowable by law. No goods or services were exchanged in consideration for this contribution. Gift of Life Family House is a not-for-profit organization as described in section 501(c)(3) of the Internal Revenue Service. Official registration and financial information may be obtained from the Pennsylvania Department of State by calling 1 (800) 732-0999. Registration does not imply endorsement.

Please return to : Debra Roberts, Director  
Gift of Life Family House  
401 N. 3<sup>rd</sup> Street  
Philadelphia, PA 19123

If you have any questions, contact: Debra Roberts @ 215-599-2044 or droberts@donors1.org