

GIFT FORM

INITIATIVES OF CHANGE, INC.
2201 West Broad Street, Suite 200, Richmond, VA 23220
<http://www.us.iofc.org>

Today's Date: ___/___/___

CONTACT INFORMATION

Name: _____
Street Address: _____ City: _____ State ___ Zip _____
Telephone Numbers: Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____
E-mail Address: _____

GIFT INFORMATION

I would like to make a pledge of \$ _____

To be paid: In full now Monthly Quarterly At year-end

MATCHING CONTRIBUTIONS

Does your employer match donations? YES / NO

Please enclose a signed Matching Donation Form from your employer if applicable

METHOD OF PAYMENT

Check enclosed

Credit Card

Number: _____ - _____ - _____ - _____ Exp: ___/___

I would like my Credit Card debited for the full amount on ___/___/___

I would like my Credit Card debited Monthly for \$ _____ Quarterly for \$ _____

PREFERRED USE OF FUNDS

area of greatest need

ACTION

Caux Scholars Program

Hope in the Cities

Other program or consultation _____

Please forward to:

Initiatives of Change, 2201 West Broad Street, Suite 200, Richmond, VA 23220
Attn: Shari

To make a donation online, please visit us at <http://www.us.iofc.org>

Initiatives of Change is a 501(c)(3) organization and all donations are tax-deductible to the fullest extent of the law.