

## Capital Campaign Pledge Form

Yes, I (we) want to contribute t	o the Rock Island Capi	tal Cam	paign for SAL Commu	unity Services.
Donor(s):				
Address:				
City, State Zip:				
Phone:	□ Home □ Office	Cell P	hone:	
Email:			Preferred Contact N	Лethod:
Recognition Preferences  • How do you prefer to k	_			
<ul> <li>Do you wish to remain</li> </ul>	anonymous? □ Yes	□No		
Commitment Amount				
\$	over yea	rs begir	ining on	**Up to 5 years**
TOTAL AMOUNT: \$		-		
Contribution/Payment Details	<u>.</u>			
☐ Check enclosed: (Check # _ Please make checks pa	)	unity Se	rvices Foundation	
☐ Credit Card: Scan the QR of	ode below or visit <u>ww</u>	<u>w.giveb</u>	utter.com/salrockislar	<u>nd</u>
☐ Stock: Please contact Dave Ho	owell, Quad City Invest	tment C	enter: <u>dhowell@qcbt</u> .	<u>.com</u> or 563/388-5436
Additional Information				
$\ \square$ Please invoice me (us) for m	y (our) donation as out	tlined al	oove.	
☐ My (our) gift will be matched ☐ Matching gift form en ☐ Matching gift form w	nclosed			
Signature for Authorization:				

SAL Community Services Foundation Federal ID: 39-2407274

Because of your generous support, SAL Community Services will be able to deliver our mission to strengthen children, families, and individuals to build and enhance thriving communities at a new site for the Skip-a-Long Rock Island Campus!

Please send contributions and/or questions to:
Luis S. Moreno | Vice President of Development | (309) 207-8778 |
<a href="mailto:lmoreno@salcommunityservices.org">lmoreno@salcommunityservices.org</a>
SAL Community Services, 3800 Avenue of the Cities, Suite 108, Moline, IL 61265

