	Donor Inform	ation		
	Name(s)			
West Marin SENIOR	Address			
SERVICES	City			Zip
UNDING FAR FUTURE				Phone
Pledge Informati	Email			
0 0				
	1		0 , 0	e of cash and/or assets
to West Marin Senior Se	rvices for the endowme	ent campaign to	o build a reserv	e for emergencies.
My/Our total gift or plec	lge amount is \$			
Of this amount, I/we are			check	
			credit card	
The remaining balance	is \$		online at htt	ps://wmss.org/donate/
			transfer of a	ppreciated securities
Payment Informa	rtion	-	_	
Credit Card: 🔲 Maste	ercard 🔲 Visa			
Name on card				
Card number		expiration d	ate	_security code
Fulfillment: I/we fulfill th	ne remainder of the ple	dge in	installmen	ts:
			annually	semi-annually
			quarterly	monthly
			Beginning on (date)
Matching gift: My/Our g	ift will be matched by _			
		company	foundation	family
The matching form:	is enclosed. 🔲 will be f	forwarded to W	est Marin Senio	r Services
Acknowledgement	Information			
I/We wish to be recogni	0	ent campaign c	onor list as:	
	nformation above or			
	in honor of			
I/We wish to remain				

Signatures

K

By signing below, I/We pledge to fulfill this commitment according to the payment schedule shown. I/We understand that the amount may be prepaid at any time. I/We also acknowledge that, unless we have checked the "anonymous" line, WMSS will list me/us by name (within categories of giving) in WMSS publications and campaign materials.

Donor Signature	Date	
Donor Signature	Date	

Please make check, corporate match, or stock transfer payable to West Marin Senior Services Mail your pledge form to: WMSS Endowment Campaign, P.O. Box 791. Point Reyes Station, CA 94956 Donations are tax-deductible to the extent allowed by law. WMSS federal tax ID# is 51-0192320 Questions? Please contact Maurice "Skip" Schwartz, Executive Director 415.663.8148 or email: skip@wmss.org