West Marin Senior Service Endowment Campaign – *Funding for the Future* PLEDGE FORM

Name(s) Address: City	Donor Information (please print)		
Address: City			
City	Address:		
Daytime Phone			_
Pledge Information This pledge statement confirms my/our commitment to make a gift or pledge of cash and/or assets to West Marin Senior Services for the endowment campaign to build a reserve for emergencies. My/Our total gift or pledge amount is \$			
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Of this amount, I/we are giving \$ today by:checkcredit card online at https://wmss.org/donate/ transfer of appreciated securities The remaining balance is \$ transfer of appreciated securities Payment Information Credit Card: mastercardvisa Name on card expiration security code_ Fulfillment: I/we will fulfill the remainder of the pledge in installments: annuallysemi-annuallyquarterlymonthlyBeginning on (date) Matching gift: My/Our gift will be matched by companyfoundationfamily The matching form:is enclosedwill be forwarded to WMSS Acknowledgment Information I/We wish to be recognized in WMSS' endowment campaign donor lists as follows: Name(s) in honor of in honor of I/We wish to remain anonymous Signatures By signing below, I/We pledge to fulfill this commitment according to the payment schedule shown. I/We understated 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	Senior Services for the endowment campaign to bu	uild a reserve for emergencies.	
Of this amount, I/we are giving \$ today by:checkcredit card online at https://wmss.org/donate/ transfer of appreciated securities The remaining balance is \$ transfer of appreciated securities Payment Information Credit Card: mastercardvisa Name on card expiration security code_ Fulfillment: I/we will fulfill the remainder of the pledge in installments: annuallysemi-annuallyquarterlymonthlyBeginning on (date) Matching gift: My/Our gift will be matched by companyfoundationfamily The matching form:is enclosedwill be forwarded to WMSS Acknowledgment Information I/We wish to be recognized in WMSS' endowment campaign donor lists as follows: Name(s) in honor of in honor of I/We wish to remain anonymous Signatures By signing below, I/We pledge to fulfill this commitment according to the payment schedule shown. I/We understated 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	My/Our total gift or pledge amount is \$		
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Donor Signatura Data	Donor Signature	Date	
Donor Signature Date	Donor Signature	Date	

Please make check, corporate match, or stock transfer payable to West Marin Senior Services.

Donations are tax-deductible to the extent allowed by law.

WMSS federal tax ID# is 51-0192320. Mail your pledge form to: WMSS Endowment Campaign, P.O. Box 791. Point Reyes Station, CA 94956.

Questions? Please contact Maurice "Skip" Schwartz, Executive Director, at tel: 415.663.8148 or email: skip@wmss.org