

# EVERY NEED, EVERY NEIGHBOR

A campaign to help people in St. Croix and Pierce Counties get back on their feet with dignity, support and hope.

## PLEDGE FORM

### Thank you for your pledge of support to Our Neighbors' Place!

In support of the Every Need, Every Neighbor Campaign for capital funding for Our Neighbors' Place, I (we) commit the following gift(s):

#### Pledge Information

I (we) pledge a total gift of (\$):

I (we) will make payments in the amount of (\$):  over 1 yr. | 2 yr. | 3 yr. (circle one)

Payment Frequency: ☐ Enclosed in full ☐ Semi-Annually ☐ Annually ☐ Quarterly

Beginning date:

#### Payment Method

☐ **Check enclosed** - Please make checks payable to Our Neighbors' Place

☐ **Credit Card** - Executive Director will contact you

☐ **IRA Transfer** ☐ My employer has a matching gift program, and I will submit the proper information to secure the match.

☐ **Stock Transfer**



**Our Neighbors' Place**  
*Every Need, Every Neighbor*

Our Neighbors' Place is a 501(c)(3) organization and all gifts are tax deductible as prescribed by law.  
EIN: 35-2383155

#### Donor Information & Recognition

Please keep this donation anonymous: ☐

Full Name

Address

Phone

City

State

Zip Code

E-Mail

For recognition purposes, please list my/our name (s) as:

This donation is: ☐ in honor of OR ☐ in memory of

Please sign below:

Donor Signature

date

Donor Signature

date

## CONTACT US

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Every Neighbor*