

IMMACULATE REIMAGINED GIFT FORM

DONOR INFORMATION

Your Name: _____

Spouse/Partner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT LEVEL

Plant a tree: \$10,000 Sponsor a garden bench: \$1,000

Restore stained glass window: \$5,000 Pave walkway with a named brick: \$250

Quantity for each of the above: Tree _____; Window _____; Bench _____; Brick _____

ACKNOWLEDGMENT PREFERENCES

I prefer to remain anonymous

Please include my/our name in donor acknowledgment listings as follows:

Please include how you would like your name plaque near your sponsored tree, bench, window, or brick to read:

Options: In loving memory of In honor of Other _____

Name as you'd like it to appear on plaque: _____

GIFT INFORMATION

My/our gift will be fulfilled as follows:

Commitment of \$ _____ to be paid over _____ (months/years) as follows:

First payment of \$ _____ will be made on _____ (date).

Remaining payment(s) will be made on the following schedule: Annually Quarterly Other:

Bi-annually Monthly _____

Outright gift or first pledge payment of \$ _____ enclosed.

Check payable to INHS

Transfer of Securities

Credit Card # _____

Exp. _____ Security Code _____

