



For questions or more information, please contact:
Monique Scrapper, Executive Director
918-859-0060 or mscrapper@pathwaysok.org

CAPITAL CAMPAIGN PLEDGE FORM

Donor Name(s): _____

Contact person if different from the above: _____

Address: _____ City: _____ ST: ___ Zip: _____

Email: _____

Phone: _____ Preferred method of contact: ___ Email ___ Phone

CAPITAL CAMPAIGN COMMITMENT

I/We pledge a total of \$ _____ towards Pathways' Expansion Campaign.

___ Apply my/our gift to the Mabee challenge grant for the renovations.

___ One-time gift OR ___ Pledge (pledges may not exceed 3 years)

Pledge Information

Multi-year commitment breakdown:

Year 1: \$ _____ Year 2: \$ _____ Year 3: _____ 3-Year Total: \$ _____

Payments will be made: ___ Monthly ___ Quarterly ___ Annually

Installment amount \$ _____

Select one option: ___ First payment enclosed OR ___ Will begin on ___ / ___ / ___

PAYMENT OPTIONS

I/We plan to contribute via: ___ Check ___ Card ___ Bank Withdrawal ___ Stock*

*We will contact you with stock transfer details.

___ Call me/us for payment information.

___ Credit/Debit Card ___ Visa ___ Master Card ___ Discover ___ American Express

Card Information: Card Number: _____ Exp. ___ / ___

Beginning on ___ / ___ / ___

___ Debit my/our bank account: ___ Checking ___ Savings

Routing number: _____ Account number: _____

Beginning on ___ / ___ / ___

Donor Signature: _____ Date: _____

See reverse for naming opportunities & more information

DONOR RECOGNITION PREFERENCES

_____ My/Our contribution is anonymous.

_____ My/Our gift can be acknowledged publicly.

Please print your name(s) as you would like it to appear in recognitions and publications:

_____ My/Our gift is (select one) in honor or memory of: _____

Please send notification of my/our memorial/honorary gift to (if applicable):

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

NAMING OPPORTUNITIES

Naming rights are granted on a first-come, first-served basis.

At least 25% of the gift or pledge must be received before sign or plaque installation.

I/We are interested in these donor recognition naming opportunities:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

ADDITIONAL WAYS TO MAKE A DIFFERENCE

_____ I/We have already made Pathways a beneficiary in my/our will, living trust, retirement plan, life insurance policy, or another type of planned gift.

_____ Please contact me/us about how I/we can leave a legacy gift to Pathways.

EMPLOYER MATCHING

My employer will match this gift. I will submit the necessary paperwork.

Company name: _____

*“Our hope is that as your faith continues to grow, our
area of activity among you will greatly expand...”
I Cor. 10:15*

*Funds raised in the campaign in excess of identified needs will be used for other priority needs
as directed by the Pathways Board of Directors.*

P.O. Box 703064, Tulsa, OK 74170