



HELP HOPE HEALING

I pledge to support Judeo-Christian Outreach Center's Help. Hope. Healing. campaign with a total gift of \$_____ over the next (1-5) _____ years.

Name: _____

Address: _____

Phone: _____ Email: _____

Name as you would like it to appear on donor recognition lists:

I prefer to remain anonymous

Please designate my gift as:

Capital Expense \$ _____

Program Support \$ _____

I would like my gift to be in honor/ in memory of: _____

I intend to complete all pledge payments by _____ (Month/Year).

Mail me monthly reminders.

Mail me an annual reminder in the month of _____

I have made provisions in my estate planning for a deferred gift in the amount of \$_____.

Please contact me to document the specifics of this gift.

Please be aware that pledge commitments cannot be fulfilled by Donor Advised Fund (DAF) Grants. If you plan to make a gift via a DAF, please indicate by checking here and staff will follow-up for additional information.

Signature _____ Date _____
(required) (required)

Appreciated securities gladly accepted.

Judeo-Christian Outreach Center | 1053 Virginia Beach Blvd | Virginia Beach, VA 23451
(757) 491-2846 | kward@jcoc.org | <https://jcoc.org/ways-to-give/>
Gifts are tax-deductible to the full extent allowed by law.