



UNFOLDING POTENTIAL

pledge form



Table Number: _____

You can make a pledge or donation online by scanning the QR code.

New Pledges

I would like to become a member of the Unfolding Potential Society:

- ☐ The Gift of Connection: \$1,000 a year for 5 years ☐ Monthly (\$83.33) ☐ Annually (\$1,000)
- ☐ The Gift of Healing: \$5,000 a year for 5 years ☐ Monthly (\$416.66) ☐ Annually (\$5,000)
- ☐ The Gift of Recovery: \$10,000 a year for 5 years ☐ Monthly (\$833.33) ☐ Annually (\$10,000)

Existing Pledges

I am a member of the Unfolding Potential Society. I would like to:

- ☐ Add _____ more years to my existing multi-year pledge.
- ☐ Increase my current commitment amount to \$_____ and add on _____ more years.
- ☐ Pay off my current pledge and increase to \$_____ for _____ years.
- ☐ Please help me switch my remaining pledge to automatic monthly payments.
- ☐ Speak with someone directly; I have other thoughts to share.

Gifts

I would like to contribute in other ways:

- ☐ Contribute \$_____ for _____ years.
- ☐ A one time gift of \$_____.
- ☐ Please contact me about including Origami in my will or estate plan.
- ☐ I would like to give \$_____ automatically each month until I choose to cancel or change it.
- ☐ I have other thoughts to share. Please contact me.

Donor Information

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

Address: _____

City: _____ State: _____ ZIP: _____

Best Number to Reach Me: _____

Email Address: _____ Date: _____

Preferred method of follow up: ☐ Phone ☐ Email

☐ I prefer to remain anonymous.

Payment

☐ My check is enclosed, made payable to: **Origami Rehabilitation**

☐ Please charge my credit card below.

☐ I made my donation using the secure portal.

☐ Please contact me about paying with stock, IRA, or electronic transfer.

☐ My employer will match my gift.



Scan to pay your
pledge or donation
on our secure portal.

Credit Card Information

I hereby authorize Origami to initiate charges to my credit card below:

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

ACCOUNT NUMBER: _____

EXP DATE: _____ / _____ SECURITY CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNED: _____ DATE: _____

EMAIL FOR RECEIPT: _____

Thank You
for your support of our mission & vision!