



UNFOLDING POTENTIAL

pledge form

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 commitment to \$_____ for _____ years.
- Pay off my current pledge and increase to \$_____ for _____ years.
- 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 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: _____

Day Phone: _____ Evening Phone: _____

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: _____

Thank You
for your support of our mission & vision!