



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
- The Gift of Healing: \$5,000 a year for 5 years
- The Gift of Recovery: \$10,000 a year for 5 years

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: _____

I prefer to remain anonymous.

Payment

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

Please charge my credit card below.

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

My employer will match my gift.

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!