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| **Gift Agreement Form- Solutions That Nourish Campaign** |

**Donor Name(s):**

**Donor Contact:**

**Donor Address:**

**City, State, Zip:**

**Phone:**  **Phone Type:  Work  Home  Cell**

**Email:**

**Gift Information**

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| **Please accept my/our pledge in the amount of:** $  **My gift will be paid over \_\_\_ years in  annual  semi-annual  quarterly installments.**  **The first installment will be paid by (Month/Year):**  **Additional pledge payment instructions:**  **For donor recognition, I/we wish to be listed as:**  **I would like my gift designated for the following Naming Opportunity (if applicable):**  **I give Forgotten Harvest permission to include my/our gift in donor reports, newsletters and similar publications.** |

**To make a payment, please send a check made payable to Forgotten Harvest**

**or contact (248) 298-3421 for alternate payment methods.**

Attn: Tim Hudson, Chief Development Officer, Forgotten Harvest, 21800 Greenfield Road, Oak Park, MI 48237

Donor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forgotten Harvest Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ \_\_\_\_