

CAPITAL CAMPAIGN PLEDGE AGREEMENT

**HESED HOUSE
COMPREHENSIVE
HOMELESS
RESOURCE CENTER**



**CHANGING LIVES
OF THE POOR AND
HOMELESS SINCE
1983**

I am pleased to contribute to the renovation of 680 South River Street to help Hesed House expand its services. I understand that the total amount of my gift can be paid over a multi-year period as outlined below.

___ \$1,000 ___ \$2,500 ___ \$5,000 ___ \$7,500 ___ \$10,000
___ \$20,000 ___ \$30,000 ___ \$35,000 ___ \$40,000 ___ Other

As of May 2010 the following offices in the new building are available for Donor Naming Opportunities:

- ___ \$ 25,000 Community Outreach and Humanitarian Service Office
- ___ \$ 25,000 Financial Stability Office
- ___ \$ 25,000 Family Relations & Communications Development Office
- ___ \$ 50,000 Diverse Disabilities Counseling Office
- ___ \$ 50,000 West Corridor
- ___ \$ 50,000 East Corridor
- ___ \$500,000 Building Naming Rights

Rooms in Phase I renovation currently sponsored are:

- Alfred Bersted Foundation Lobby
- Oberweis Family Workforce Development Office
- Ayan Family Healthy Children's Services Office
- Expedite Media Group Lab
- Pattison Family Legal Services Office
- Doheny Serenity Sober Living Services Office
- Michael L. Sullivan Family Mental Health Services Office
- Bertheau Family Veteran's Services Office
- Roth Family Re-Housing Services Office
- Johnson Family Training and Conference Center
- Community Foundation of the Fox River Valley Educational Opportunities Office

I would like to name the _____ office/corridor as the _____.

For donor recognition purposes, please use the following name(s) or specify "anonymous": _____

Donor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

___ Enclosed, please find my check made payable to: *Hesed House*, Memo: *Capital Campaign*

___ Please charge my gift of \$ _____ to the following credit card:

American Express Discover MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Signature of Card Holder: _____ Code on back of card: _____

I wish to make and fulfill my pledge as follows: Date: _____ Amount: _____
Date: _____ Amount: _____
Date: _____ Amount: _____

Please contact Director of Development Mary Ensor if you would like to extend your pledge payments over a longer period: 630-897-2156, ext. 537; fax 630-801-9759 or mensor@hesedhouse.org. Checks should be made payable to Hesed House • 659 South River Street • Aurora, IL • 60506 Memo: *Capital Campaign*

___ **Matching Gift Form Enclosed.** If you or your spouse works for a matching gift company, you could increase the value of your gift.

Signature(s) if making a Pledge. Date