



# 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 current commitment amount to \$\_\_\_\_\_ and add on \_\_\_\_ more 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: \_\_\_\_\_

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!