

# PLEDGE CARD

DEAR FRIEND...

On behalf of the residents of the Daughters of Miriam Center/The Gallen Institute, we, the Board of Trustees and the Administration, thank you for considering a pledge to the *S.O.S. - Save Our Seniors* capital campaign.

The Board and Administration have worked closely with key community leaders to develop a strong, viable business plan to see the Center through current economic difficulties and the uncertainties that lie ahead. We have succeeded in structuring a plan that will not only maintain our excellent programs, but also provide the foundation for a viable future. The *S.O.S. - Save Our Seniors* campaign is key to that plan and your pledge brings us a step closer to making our residents' needs a reality.

Below is the pledge card. Please return the completed card to the executive office. Since our need is so great, we would appreciate you making your first payment as soon as possible.

Once again, thank you for your dedication and support of Daughters of Miriam Center/The Gallen Institute. We are grateful for your generosity.

Sincerely,  
Board of Trustees Executive Committee

## S.O.S.-SAVE OUR SENIORS

The Campaign for the Survival of  
Daughters of Miriam Center/The Gallen Institute

155 Hazel Street, Clifton, NJ 07015 (973) 772-3700

I (we) want to ensure the survival of Daughters of Miriam Center/The Gallen Institute by making this tax deductible pledge in the amount of \$ \_\_\_\_\_ payable over (circle one: 1, 2, 3, 4, or 5) years.\*

Signature(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Company Matching Gift Program: Yes or No (circle one)

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Solicited by: \_\_\_\_\_ Date: \_\_\_\_\_

\*For gifts below \$5000 please consider paying your pledge in one payment.

Please make your check payable to **Daughters of Miriam Foundation** and mail along with your pledge card to: *S.O.S. - Save our Seniors Campaign* c/o Daughters of Miriam Center, 155 Hazel Street, Clifton, NJ 07015. Although we will gladly charge your Visa or MasterCard for amounts over \$100, we prefer a check in order to avoid the charge card fees.

Please charge my pledge to my:  Visa

MasterCard

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Record of Payments

Pledge Amount: \$ \_\_\_\_\_

Date	Amount	Balance

Date	Amount	Balance

