



OAK CITY  
CARES

## CAMPAIGN COMMITMENT FORM

(Please note this form is two-sided)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**In support of Oak City Cares, I/we commit a total sum of: \$ \_\_\_\_\_**

*(payable over up to 3 years, in 2018, 2019, and 2020)*

Enclosed payment toward this commitment: \$ \_\_\_\_\_

Balance due on commitment: \$ \_\_\_\_\_

My remaining commitment will be paid in \_\_\_\_\_ year(s) [up to three years], according to the following schedule:

\$ \_\_\_\_\_ paid by \_\_\_\_\_ (Example: \$5,000 paid by December 31, 2018)

\$ \_\_\_\_\_ paid by \_\_\_\_\_ (Example: \$5,000 paid by December 31, 2019)

\$ \_\_\_\_\_ paid by \_\_\_\_\_ (Example: \$5,000 paid by December 31, 2020)

To be paid starting (month/day/year): \_\_\_\_\_

With continuing payments on this schedule, until paid in full:  Annually  Quarterly  Semi-annually  Monthly

**EMPLOYER MATCHING**—My employer \_\_\_\_\_

will match my support in the amount of \$ \_\_\_\_\_

*(Please obtain required forms from your employer and forward to Oak City Cares, Inc.)*

**DONOR RECOGNITION** – I/we understand this support qualifies me/us for appropriate donor recognition based on the level of commitment. Please credit my gift in the following name(s) and list accordingly:

Check here if this gift is made **in honor or memory of** \_\_\_\_\_

and name/address of who should be notified \_\_\_\_\_

Check here if you wish for your commitment to be **anonymous**.

Check here if you wish to reserve one of the naming opportunities, available for commitments of \$25,000 or more. Someone from Oak City Cares will call to discuss this opportunity with you.

**GIFTS AND COMMITMENT PAYMENTS CAN BE MADE BY:**

**Check** payable to: Oak City Cares, Inc.

**Credit Card** (Visa, MasterCard, American Express, and Discover accepted)

Charge Amount: \$ \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Gift of Stock/Securities, Online Gift, or Recurring Donation**

I request that a staff member contact me with further details.

**Planned Gift**

I'm interested in talking with someone about designating Oak City Cares, Inc. as beneficiary of my estate or other assets, such as (Bequest from Last Will & Testament, Revocable Living Trust, Retirement Plan or IRA, Insurance Policy, Charitable Gift Annuity, Charitable Remainder Trust). *Note, while planned gifts will neither count toward this Campaign total nor qualify donors for naming opportunities, these gifts are deeply appreciated and will help sustain our programming and operations in the future.*

For gifts of property or other questions, please contact:

Kathy Johnson, Oak City Cares Executive Director  
(919) 790-8533, ext. 30 or [Kathy.Johnson@oakcitycares.org](mailto:Kathy.Johnson@oakcitycares.org)

Please return this form to:

Oak City Cares | 3000 Highwoods Boulevard, Suite 128, Raleigh, NC 27604

**THANK YOU FOR YOUR SUPPORT!**

Oak City Cares, Inc. is organized as a North Carolina nonprofit corporation which is applying for tax-exempt 501(c)(3) status with the Internal Revenue Service ("Service"). Oak City Cares, Inc. is currently accepting gifts and pledges, and upon receipt of a tax-exempt determination letter from the Service, these gifts will be tax-deductible to the extent permitted by law. Donors can also choose to make contingent pledges and begin payments upon 501(c)(3) approval. All donors should consult with their personal tax advisors for additional questions.

(Oak City Cares, Inc. Tax ID # 83-0826329)