

PLEDGE FORM

THE ROSE GUILD | \$1,000 - \$10,000+ *annually*

A Rose Guild donor will be honored with
Personalized invitations to learn about new emerging trends and community innovations
A personalized story of a legacy donor's hope for their community
Invitations to special donor events
Special invitations for coffee or lunch to meet those impacted by our work



CONTACT INFORMATION

Full Name : _____

Business Name : _____

Address : _____

City, State : _____ Zip Code : _____

Phone Number : _____ Email : _____

CONTRIBUTION

Donation is enclosed.

Donate online.



I pledge \$ _____, to be paid on _____.

(amount) (month, day)

Monthly Quarterly Yearly One-time

RECOGNITION

Recognition Name : _____

In Honor of : _____

Prefer to remain anonymous.

I would like a card to recognize this contribution to be sent to _____

(name)

(address)

I (We) would like to discuss making a contribution to the Legacy Fund through my (our) will or estate plans.

More Information :

 PO Box 1466, Kearney, NE 68848

 (308) 865-2284 (Office)

 www.bcchp.org

THANK YOU

Please return pledge form to:
 Buffalo County Community Partners
 PO Box 1466, Kearney, NE 68848

*A gift receipt will be mailed to you upon receipt of your donation.
 Buffalo County Community Partners is a non-profit 501(c)(3)
 organization and contributions are tax deductible, as allowed by law.*

