



CARMEL MISSION FOUNDATION

TRICENTENNIAL CAPITAL CAMPAIGN

Mr. & Mrs./Ms./Mrs./Mr./Dr./other _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my donation of \$ _____.

I would like to pledge the balance of my gift \$ _____ over 5 years.

Gift levels:

- \$1,000**
- \$2,500**
- \$5,000
- \$10,000
- \$25,000
- Other _____

****All gifts of \$5,000 or more can be pledged over a 5-year period and will be recognized on The Serra Memorial Wall.**

Payment Method: Check Visa MasterCard

Credit Card # _____

Exp. Date _____

CSC # ___ ___ ___ *Last 3 digits in the signature area on the back of your card*

Cardholder's Signature

This gift is given in memory of honor of

Please send acknowledgement to:

Address _____

- My Employer's matching gift is enclosed
- To donate securities please call 831.624.3261
- I have included CMF in my estate plans.
- Please contact me regarding planned giving opportunities

Please make checks payable to **Carmel Mission Foundation**. The foundation is a 501(c)(3) nonprofit organization. All contributions are tax-deductible to the extent allowed by law. Tax ID # 26-2981780. ***Thank you for your generous support!***

Mail your gift to:

CARMEL MISSION FOUNDATION
P.O. Box 221351
Carmel, CA 93922