



nurture.  
inspire.  
empower.

## Pledge Form: The Growing Together Campaign

To support adoptive and foster families,  
I/we pledge to C.A.S.E. the total sum of  
\$ \_\_\_\_\_ payable as follows:

Please complete both pages and return to:  
Tamara Arsenault, Director of Development  
[arsenault@adoptionssupport.org](mailto:arsenault@adoptionssupport.org)  
3919 National Drive, Suite 200  
Burtonsville, MD 20866

### Campaign Gift Designation

- \$ \_\_\_\_\_ **Growth Capital** – to expand the reach and impact of C.A.S.E. programs and services.
- \$ \_\_\_\_\_ **Planned Giving** – to leave a lasting legacy through mutually beneficial will, trust or bequest.
- \$ \_\_\_\_\_ **Endowment Fund** – to ensure C.A.S.E.’s sustainability and financial health.

### Donor Information

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Company (if corporate pledge) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

### Gift Recognition - C.A.S.E. may list donor names on our website and in appropriate publications

**Yes**, I/we would like to be recognized, allowing other donors to understand how such gifts can make a difference in the lives of adoptive and foster families.

**No thank you**, I/we prefer to remain **anonymous**.

I/We would like to be listed as (if different from above) \_\_\_\_\_

This gift is \_\_\_\_\_ in honor of \_\_\_\_\_ in memory of (Name) \_\_\_\_\_

Other special conditions or notes about this gift \_\_\_\_\_



nurture.  
inspire.  
empower.

## Planned Gift

I/We have made an estate planning provision to benefit the Center for Adoption Support and Education, Inc. (C.A.S.E.) in the form of a bequest or beneficiary designation as follows:

Bequest (Will or Trust)  
Stock and Investment Fund Account  
Life Insurance  
Bank Account

Retirement Plan  
U.S. Savings Bonds  
Qualified Charitable IRA Distribution  
Other \_\_\_\_\_

I/We recognize that C.A.S.E. honors planned gift donors with membership in a legacy giving society and **agree to be listed** as members.

Please contact me/us with more information about planned giving options.

## Matching Gift

I/We have checked the website(s) of my/our employer(s) and determined the gift is eligible to be matched. I/We will complete the proper form from my/our employer(s) and send it with the gift, or contact C.A.S.E. if further assistance is needed. Company Name(s) \_\_\_\_\_

Please contact me/us with more information about leveraging this gift with an employer matching gift.

## Payment Information - *Contributions may be spread over 3 years, please indicate your choice*

I/We will give \$ \_\_\_\_\_ per year for \_\_\_\_\_ years beginning (month/year) \_\_\_\_\_ and paid:

Monthly

Quarterly

Annually

**Cash or Check:** \$ \_\_\_\_\_ enclosed, \$ \_\_\_\_\_ pledge balance remaining.  
*Please make checks payable to "C.A.S.E." with "Campaign" in the memo line.*

**Donor Advised Fund:** I/We intend to recommend a grant to C.A.S.E. from my/our charitable account with (name of fund) \_\_\_\_\_

**Stocks, Bonds, Mutual Funds or Real Estate:** Please use the Transfer Intent Form at [www.adoptionssupport.org](http://www.adoptionssupport.org) or contact Tamara Arsenault, Director of Development, for more details.

**Recurring Credit Card or Automatic Bank Draft:** You may set up monthly, quarterly, or annual payments online at <http://weblink.donorperfect.com/casedonation>, provide details below, or include a voided check.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Account Holder's Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Please return this form to:** Tamara Arsenault, Director of Development, C.A.S.E.  
3919 National Drive, Suite 200, Burtonsville, MD 20866 | (301) 476-8525 | [arsenault@adoptionssupport.org](mailto:arsenault@adoptionssupport.org)