
A Capital Campaign for Building a Behavioral Healthcare Facility in Atchison
Building Brighter Futures

Building Health....Building Hope...Building Capacity

Outright Contribution...

I / We wish to make an outright gift of \$ _____ payable to the Guidance Center (Check Enclosed)

Please charge this gift of \$ _____ to my/our credit card (authorized signature required below).

Master Card

VISA

Discover

Card Number _____ Expiration Date _____

Name as it appears on card: _____

I / We wish to make a gift of property:

Stocks, Securities Other personal property

Description: _____

Pledge...

I / We wish to make our total gift of \$ _____ in equal distributions of \$ _____

beginning in ____/____ (month/year):

1 year

2 year

3 year

4 year

5 year

I/We wish to fulfill our pledge via monthly automatic debit from my/our bank account.

Please send me/us more information about this option.

Deferred Gifts...

I / We wish to make a deferred gift

Will Provision

Life Insurance

Charitable Trust

Life Estate

Donor Information...

I / We wish to remain anonymous.

Name(s): _____

Name preferred for publication: _____

Home Address: _____

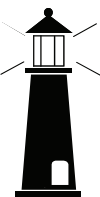
City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ E-Mail: _____

Signature #1 _____ Date: _____

Signature #2 _____ Date: _____

Campaign Volunteer Signature: _____ Date: _____



**THE
GUIDANCE
CENTER**

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