

# Donation or Pledge Form

## InDwellings, Inc.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

Total Donation or Pledge: \$ \_\_\_\_\_

Date of Donation or Pledge: \_\_\_\_\_

### **Donation or Pledge Payment Method:**

|                    |       |                     |       |
|--------------------|-------|---------------------|-------|
| As Can             | _____ | Quarterly Payment   | _____ |
| Bi-Monthly Payment | _____ | Semi-Annual Payment | _____ |
| Monthly Payment    | _____ | Weekly Payment      | _____ |
| One Time Payment   | _____ | Yearly Payment      | _____ |

Name and address of gift recipient, or personal note to Treasurer regarding donation or pledge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Please return this form to:*

**InDwellings, Inc.**  
**1021 Hudson Road**  
**Greenville, SC 29615**  
**864.283.6080**  
**[www.indwellings.org](http://www.indwellings.org)**