

**YES...I would like to make a gift in support of the
Beacons Of Hope Capital Campaign!**



Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone: _____ E-Mail: _____

Total Pledge: \$ _____ Pledge Duration: _____ yrs (1-5)
Enclosed Today \$ _____ (Please make checks payable to Beacons of Hope Campaign)

Signature of Donor: _____ Date: _____

Pledge payment detail below. Please return completed form to 1301 N Third Street, Marquette, MI 49855

Payment Detail

Pledge Payment Schedule: Monthly Quarterly Annually

Please send me payment reminders beginning on _____ / _____ (M/Y)

Please charge my credit card for all payments: VISA MasterCard

Account Number:

- - -

Expiration Date (M/Y): - Please record my gift as anonymous

Please contact me about stock or planned giving. Special Instructions: _____

Your charitable gift indelibly connects you to the community and provides hope for thousands of weary families who seek refuge in our hospitality services each year. On behalf of the patients and families that the Beacon House serves, thank you for your commitment and generosity. To the extent allowable, your gift to Beacon House, a non-profit 501(c)3 organization, is tax deductible.