



# URBAN GROW CENTER PLEDGE FORM

**Yes! I/We want to help grow the dream!**

**Name:** \_\_\_\_\_  
(as it should appear on acknowledgments)

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**I/We are making a gift of \$** \_\_\_\_\_

**Payments will be made over:** ☐ 1 year ☐ 2 years ☐ 3 years

**I/We will make payments:** ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually

**My pledge will begin:** \_\_\_\_\_

**Special acknowledgements (i.e. in memory of, in honor of):**

\_\_\_\_\_

- ☐ **I wish for this gift to remain anonymous**
- ☐ **My employer will match my gift**
- ☐ **Please contact me regarding a possible naming opportunity**  
(for gifts \$25,000 and above)
- ☐ **Please contact me regarding the proper language to include Capital Roots, Inc. in my estate plan**

**Please make checks payable to Capital Roots. We also accept credit cards and gifts of stock. We are grateful for your support!**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A copy of Capital Roots' latest annual report may be obtained upon request from Capital Roots or the Office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271. Capital Roots is a 501(c)3 organization. Your gift is tax deductible to the extent allowed by the law.