



Changing the Employment Landscape for Youth with Behavioral Health Needs Capital Campaign Pledge Card

I/We, _____, pledge the following
(name of donor)

total gift amount \$ _____ to PHILLIPS Programs for

Children and Families, a 501(c)(3) non-profit organization.

☐ To be paid today, \$ _____

☐ To be paid over a period of two years,

\$ _____ (1st year)

\$ _____ (2nd year).

My Employer will match this gift ☐ yes ☐ no

☐ I want this gift to be anonymous

☐ I want this gift in honor or memory of _____

Giving Levels

<input type="checkbox"/> Neighbors	Any gift up to \$999
<input type="checkbox"/> Fields of Dreams	\$1,000 - \$2,499
<input type="checkbox"/> Building Futures	\$2,500 - \$4,999
<input type="checkbox"/> Acres of Tomorrows	\$5,000 - \$9,999
<input type="checkbox"/> Community Partners	\$10,000 - \$24,999
<input type="checkbox"/> Harvesting Hope	\$25,000 - \$49,999
<input type="checkbox"/> Sustaining Stars	\$50,000 - \$99,999
<input type="checkbox"/> Chefs Table	\$100,000 - \$249,999
<input type="checkbox"/> Founding Leaders	\$250,000 - \$500,000