



Commitment Form

I/We _____ wish to join the movement to Revolutionize Care with a Campaign Commitment of \$_____.

Contributions or pledges of \$5,000 or more to *The Campaign to Revolutionize Care* will be acknowledged in select campaign materials and publicity pieces during the five-year campaign, and will be recognized in perpetuity on the campaign donor wall at Wexner Heritage Village at the conclusion of the campaign on December 31, 2015.

Campaign donors are encouraged to maintain an additional level of annual support while also considering major capital and endowment gifts.

DONOR INFORMATION

Name(s)

Address

City/State/Zip

Home phone

Work phone(s)

Cell phone(s)

Place(s) of Employment

E-mail addresses (To receive future electronic WHV communications. E-mail addresses will not be shared.)

For recognition purposes, list my/our names(s) as indicated here

GIFT DESIGNATION

Direct my/our gift to your greatest needs.

Direct my/our gift to a specific area of business or fund:

Based on the level of my/our commitment, I/we select the following naming opportunity:

If applicable, indicate special instructions for naming a fund or an inscription commemorating your gift:



PAYMENT INFORMATION – Credit card payments can also be made on our website at WHV.ORG

Enclosed is my check in the amount of \$ _____ payable to: Wexner Heritage Village

Charge the amount of \$ _____ Visa Mastercard

Account number

Exp. date

Name on card (Please print)

Signature

PLEDGE INFORMATION

Gifts of \$5,000 or more may be paid in installments upon request. Please contact the development office to confirm the terms of your pledge. All pledges are to be paid in full by December 31, 2015.

My/Our initial payment of \$ _____ is enclosed.

To fulfill my/our campaign commitment of \$ _____, please invoice me/us for installments in the amount of \$ _____ as indicated below:

Quarterly Semi-annually Annually Other _____

Starting in _____, 20____, ending in _____, 20____.

Please send a reminder or automatically charge my credit card per my instructions below:

Signature/Date

I/we wish to remit payment through the donation of stock or another appreciated asset.

My employer Matching Gift Form is enclosed.

Contact me to discuss ways in which I/we can include Wexner Heritage Village in my/our estate plans.

Contact me to discuss other giving opportunities at Wexner Heritage Village.



Please return your completed form to:

**Wexner Heritage Village
Development Office**
1151 College Avenue
Columbus, OH 43209
Main phone (614) 231-4900



Contact us with questions:

General Development Information:
Contact: Amy Wharton, SVP-Development & Marketing
David Rosen, President/CEO
e-mail: Donorservices@whv.org
p. (614) 559-0320 • f. (614) 237-1175

Wexner Heritage Village is a 501(c)(3) nonprofit organization; donations are tax-deductible as allowed by law.

Thank you for your generosity!