



Valley Ridge Elder Care – Quality Care for our Elders
Pledge Card

DONOR INFORMATION

Last Name, Spouse Name/MI, Address, City, Telephone (home), First Name/MI, Email, State, Zip + 4, Telephone (business/cell)

PLEDGE & PAYMENT INFORMATION

I/we hereby contribute cash and/or assets to Valley Ridge Elder Care – Quality Care for our Elders
I/we pledge a total amount of \$ to be paid as follows.
Total Pledge, Amount Enclosed, Balance Due, To be paid over, Please bill me, beginning

I/we wish to make this contribution in the form of:
cash, check (payable to Legacy Foundation), stock, property, other

I/we wish to charge this contribution to VISA, Mastercard, Discover
Name as it appears on the card:
Card/Account Number: Expiration Date:

DONOR APPROVALS AND SIGNATURES

Please use the following name(s) in all acknowledgements

I/we wish to remain anonymous In honor/memory of

Donor Signature, Date, Donor Signature, Date, Campaign Volunteer Signature, Date

Please forward completed form/payment (checks made payable to Legacy Foundation with "VREC" in the memo) to:
Teresa Heater, Secretary, Valley Ridge Elder Care, PO Box 34, Belle Plaine, KS 67013

- Contributions to Valley Ridge Elder Care/Legacy Foundation are deemed charitable under the internal revenue code as an organization described in Section 501©3. Please consult your accountant for any clarifications.
Payment must be received before the end of the year to be eligible for a tax deduction in that year.
There is no minimum contribution amount.
Please enclose signed Matching Donation form from your employer, if applicable.