



Circle of Hope Pledge Form

I believe in the mission of Henrico CASA and I offer my support by joining the Circle of Hope!

Indicate the total amount of your annual gift and select one of the payment options below

I pledge a total yearly contribution of \$_____

Signature: _____ **Date of Pledge:** _____
(required for all pledges)

Enclosed with this form is \$ _____,

Henrico CASA's fiscal year runs July 1 – June 30th.

I will follow the checked pledge payment schedule (reminders will be sent.):

Annually in _____ (default is June)

Semi-annually-every 6 months, beginning with _____ (e.g., June, December)

Quarterly-every 3 months, beginning with _____ (e.g., March, June, September, December)

Monthly through automated giving

OTHER WAYS TO GIVE — If you wish to make your gift by credit card visit our secure website at www.henricocasa.org and click on **Donate**.

This gift should also be credited to my spouse/partner:

Dr./Mr./Mrs./Ms. _____

We would like to recognize your generosity in our Annual Report and annual newsletter. Exact gift amounts will not be disclosed. **Please *print* your name exactly as you would like it to appear:**

Name: _____

_____ I would like my gift to remain anonymous. Please do not list my name in the Annual Report.

Thank you for your generous support of Henrico CASA!

Please return this completed form to:
Henrico CASA* 3001 Hungary Spring Road, Suite A* Richmond, VA 23228

*** Please keep a copy of this completed form for your records ***