

## Gift & Pledge Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone: \_\_\_\_\_

(For campaign updates. Your email address will not be released to anyone else.)

### Gift Information

I (We) intend to contribute a total of \$ \_\_\_\_\_ to **Funds for Fitness** to build a fitness center geared to the 50+ population at the following level:

\_\_\_\_\_ **Olympic \$ 250,000**

\_\_\_\_\_ **Ironman \$ 100,000**

\_\_\_\_\_ **Masters \$ 50,000**

\_\_\_\_\_ **Marathon \$ 25,000**

\_\_\_\_\_ **Medalist \$ 10,000**

\_\_\_\_\_ **Cross Trainer \$ 5,000**

\_\_\_\_\_ **Classic \$ 2,500**

\_\_\_\_\_ **Aerobic \$ 1,000**

**Other: \$ \_\_\_\_\_**

I am interested in a Named Gift (\$50,000 - \$1,000,000). Please call Holly Tunak at (262) 560-6914 for more information.

**For Gifts \$1,000 and up:** Please publicly recognize this gift on the Partnership Recognition Wall. List my name(s) as \_\_\_\_\_

I (We) would like to make my gift by:

Single payment

Multiple payments - I will pay the pledge over (circle one) two / three / four / five years as follows:

Monthly  Quarterly  Semi-annually  Annually. Payment beginning \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Please send payment reminder(s)

**I (We) would like to pave the way to better health by purchasing a border brick to support Funds for Fitness. (Please print)**

\_\_\_\_\_ 4" x 8" Brick (3 lines of text with 14 characters per line-including spaces) \$100

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_ 8" x 8" Brick (6 lines of text with 14 characters per line-including spaces) \$200

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

**Payment Information**

- My check is enclosed payable to Shorehaven – Funds for Fitness
  - Charge my credit card (circle one)    Visa • MasterCard • Discover • American Express
  - Card#: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_ 3-digit CSC code on back of card: \_\_\_\_\_

**Credit Card Authorization**

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

**Gift Recognition:**

- Please do not recognize this gift publicly. I wish for the gift to be ANONYMOUS
- For gifts under \$250 please acknowledge this gift by e-mail (address above)

***This gift is made***    \_\_\_ In Memory of    \_\_\_ In Honor of

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

We will acknowledge the honoree or family member of a memorial gift if you supply the name and address.  
Acknowledge gift to:

\_\_\_\_\_  
\_\_\_\_\_

**Please mail this Gift/Pledge form to:**

Director of Development  
Shorehaven Funds for Fitness  
P.O. Box 208  
Oconomowoc, WI 53066

**Additional Giving Options:**  
Thrivent Choice Dollars  
Employer Matching Funds

**To make a gift online, please visit our website at [www.shorehavenliving.org](http://www.shorehavenliving.org), and follow the Fitness Center link on the home page.**

Shorehaven is a 501(c)(3) non-profit organization registered under our corporate name,  
*Lutheran Homes of Oconomowoc, Inc.*  
Gifts are deductible as allowed by law, a receipt will be provided.

**For additional information contact Holly Tunak, Director of Development,  
262.560.6914 or email: [htunak@lho.org](mailto:htunak@lho.org)**

***Thank you for partnering with us through your thoughtful  
gift to  
keep people healthy and at home!!***