



David's Dream & Believe Cancer Foundation
2021 Mission Of Hope Giving

Donor Name: _____

Business Name (if applicable): _____

Address: _____

Email: _____ Phone: _____

Donor's Tax ID Number: _____ Referred By: _____

Total Pledge Amount: \$ _____

Payable as follows:

- One lump sum payment
- Quarterly installments
- Bi-Monthly Installments (every 2 months)
- Monthly Installments
- Bi-weekly installments (every 2 weeks)
- Weekly Installments

Would you or your business like the Foundation to acknowledge your gift on our social media? (No specific dollar amount will be mentioned unless specifically requested)

- Yes
- No

Purpose: David's Dream & Believe Cancer Foundation relies upon this planned giving pledge in a substantial manner in furtherance of its charitable purposes to provide financial support to New Jersey families affected by a cancer diagnosis and in preparing its annual budget for giving.

DONOR HEREBY PLEDGES and agrees to give, donate, contribute, transfer and deliver to the Institute the Total Pledge set forth above, which shall be payable as set forth above, as a contribution and gift to the Foundation to be used for the Purpose set forth above.

Date: _____

Donor Name: _____ Donor Signature: _____

ACCEPTANCE OF PLEDGE.

David's Dream & Believe Cancer Foundation hereby accepts the foregoing pledge and agrees to use the contributions from the Donor in accordance with the Purpose set forth above to the extent it is practical to do so.

Date: _____

DDBCF Name: _____ DDBCF Signature: _____