

**GIFT FORM**

**INITIATIVES OF CHANGE, INC.**  
303 West Broad Street, Suite 326, Richmond, VA 23220  
<http://www.us.iofc.org>

Today's Date: \_\_\_/\_\_\_/\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Telephone Numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**GIFT INFORMATION**

I would like to make a pledge of \$ \_\_\_\_\_  
To be paid:  In full now     Monthly     Quarterly     At year-end  
**MATCHING CONTRIBUTIONS**  
Does your employer match donations? YES / NO  
**Please enclose a signed Matching Donation Form from your employer if applicable**

**METHOD OF PAYMENT**

Check enclosed  
 Credit Card  
Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_/\_\_\_/\_\_\_  
 I would like my Credit Card debited for the full amount on \_\_\_/\_\_\_/\_\_\_  
 I would like my Credit Card debited  Monthly for \$ \_\_\_\_\_  Quarterly for \$ \_\_\_\_\_

**PREFERRED USE OF FUNDS**

Initiatives of Change USA Annual Fund  
 Hope in the Cities     Caux Scholars Program     IofC International  
 Other \_\_\_\_\_

Please forward to:  
**Initiatives of Change, 303 West Broad Street, Suite 326, Richmond, VA 23220**  
**Attn: LaDora Carter**

To make a donation online, please visit us at <http://www.us.iofc.org>

*Initiatives of Change is a 501(c)(3) organization and all donations are tax-deductible to the fullest extent of the law.*