

# 2020 CAPITAL CAMPAIGN ESTIMATE OF GIVING CARD

NAME \_\_\_\_\_

DATE \_\_\_\_\_ Phone \_\_\_\_\_

ENVELOPE # \_\_\_\_\_ Address \_\_\_\_\_

I/We would like to contribute to Desert Palms 2020 Capital Campaign.

Total Estimated Contributions \$ \_\_\_\_\_ given as follows (check one box):

- In One Lump Sum of \$ \_\_\_\_\_
- By 3 Annual Payments of \$ \_\_\_\_\_ per Year
- By 12 Quarterly Payments of \$ \_\_\_\_\_ per Quarter
- By 36 Monthly Payments of \$ \_\_\_\_\_ per Month
- By 156 Weekly Payments of \$ \_\_\_\_\_ per Week