

YES! I/We want to support the Endowment Campaign to honor NETWORK's 50th Anniversary!

GIFT INTENT

I/We intend to support the 50 th Anniversary with a	a contribution to the Endowme	nt Fund of \$	
This total giving includes/does not include (circle or	ne) my annual giving.		
For clean accounting, please make annual gifts to NET	WORK, and gifts to the NETWORK	Endowment Fund, separately.	
My/Our contribution to the Endowment Fund is	Enclosed 🛛 in one installment	t paid by (mm/dd/yyyy):	
\Box in multiple installments: Amo	ount \$ paid month	ly/quarterly/annually (circle one)	
	until the following d	until the following date (by 12/31/2024):	
RECOGNITION			
Donor Name as you would like to be recognized:			
\Box I/We do not want any recognition, plea	se make this gift anonymous.		
This gift is in honor/memory of			
PAYMENT			
□ Check Make checks payable to NETWORK A	dvocates and include Endowment	Fund on the memo line.	
Debit/Credit Card CARD NUMBER			
CARD HOLDER'S NAME	EXPIRATION	SECURITY CODE	
ACH Direct Deposit ROUTING NUMBER	ACCOUNT NUMBER		
Address			
City			
Home Phone Number	Mobile Number		
Email			
PLANNED GIVING			
I/We have included a gift to the NETWORK Endow	ment Fund in my/our estate pla	ans through:	
□ My/Our will □ My/Our living trust □ Retireme	ent plan asset 🛛 🗆 Charitabl	e trust 🛛 Insurance Policy	
MATCHING GIFT			
My/Our gift will be matched by			
□ Matching gift enclosed □ Please fo	orward me a matching gift form	via 🗆 email or 🗆 mail	
For other gift options such as stocks, IRA distribution, and Dono	or Advised Funds, contact us or visit http	s://networkadvocates.org/moreways	