RICHARDSON CHAMBER OF COMMERCE

Capital Campaign Donor Commitment Form

For questions about Capital Campaign donations, please contact us at 972-792-2800.

Donor Information

Donor Name: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Contact Email: _____

Donor Wall

Make a lasting impact in our community. Donors at the $2500 or above level will receive placement on our Donor Wall in the lobby, visible to all who visit the chamber.

- ◯ $100,000 donation = 20 x 14 inches
- ◯ $50,000 donation = 16 x 10 inches
- ◯ $25,000 donation = 10 x 6 inches
- ◯ $10,000 donation = 9 x 5 inches
- ◯ $5000 donation = 8 x 4 inches
- ◯ $2500 donation = 6 x 3 inches

◯ I have enclosed a one-time gift.

◯ I wish this pledge amount to be paid over: ◯ 1 year ◯ 2 years ◯ 3 years

◯ Monthly ◯ Quarterly ◯ Bi-annually ◯ Annually Beginning: ___ /___ /___

Thank you for your generous donation! A chamber representative will contact you to coordinate the design of your plaque.

Personalized Brick

Donors at the $1000 or $500 level will receive a personalized brick outside the main entry. Payment must be received with order.

- ◯ $1,000 donation = 8” x 8” brick with 6 lines of text (16 characters or spaces per line)
- ◯ $500 donation = 4” x 8” brick with 3 lines of text (16 characters or spaces per line)

Please complete all 6 lines for 8” x 8” and 3 lines for 4” x 8”

1. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
2. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
3. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
4. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
5. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
6. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Anonymous Donation

☐ I wish to make an anonymous donation in the amount of $ _____

Payment Information

I am submitting payment via:

- ◯ Cash*
- ◯ Check payable to Richardson Chamber Foundation
- ◯ Credit Card
- ◯ Online (scan QR code)

** The Richardson Chamber Capital Campaign can accept investments as donations. Please consult your tax advisor.*

Please mail completed form with payment (if applicable) to:

Richardson Chamber of Commerce
PO Box 832175
Richardson, TX 75083

Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Signature: _____

Scan to submit electronic payment: