

EngAGE: The Campaign for PCOA's Healthy Aging Center

GIFT INTENTION FORM

MY COMMITMENT TODAY

I/we would like to EngAGE with this gift or pledge of \$ _____ to PCOA to create a Healthy Aging Center in our community.

- One-Time Gift to be paid by _____ / _____ / _____ (DATE)
- Gift to be paid in installments:
 - \$ _____ (AMOUNT) by _____ (DATE)
 - \$ _____ (AMOUNT) by _____ (DATE)
 - \$ _____ (AMOUNT) by _____ (DATE)
- This gift is in addition to my annual financial support for PCOA and its programs.

MY COMMITMENT FOR THE FUTURE

- I/we have made arrangements for PCOA in my will or estate plan.
- I would like to include a gift to the EngAGE campaign in my will or estate plan. Please contact me for details.

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Home Work Mobile

Secondary Phone _____ Home Work Mobile

Email _____

MY PAYMENT INFORMATION

- I/we plan to make this gift in the form of:
 - Check Credit Card Stock Donor Advised Fund Other
- Credit Card Type: _____ Credit Card # _____
- Expiration Date _____ / _____ 3-Digit VIN # _____ (on back of card)

I/we would appreciate payment reminders by: Phone Email Mail

MY ACKNOWLEDGEMENT

- Please use the following name(s) in all acknowledgements and recognition:

This gift is in honor of: _____

- I/we wish to have our gift remain anonymous.

Signature _____ Date _____



Please make your gifts payable to PCOA:
8467 E. Broadway Blvd.
Tucson, AZ 85710