

Campaign Gift Commitment Form

DONOR CONTACT INFORMATION

Name

Address City State Zip Code

Phone Email

TOTAL CAMPAIGN DONATION



PAYMENT SCHEDULE (PLEASE CHECK ONE)

Denote amount(s) and payment schedule. ☐ One-Time Gift ☐ Pledge (complete below)

YEAR	GIFT AMOUNT	PAYMENT DETAILS
2026		
2027		
2028		

PAYMENT METHOD (PLEASE CHECK ONE)

- ☐ I will mail in a check(s) payable to Children's Law Center
☐ I will donate online at www.childrenslawcenter.org
☐ I will make a stock donation
- ☐ Charge my credit card for a one-time gift
☐ Charge my credit card for recurring gifts
☐ Other:

CREDIT CARD INFORMATION

Credit Card: ☐ AMEX ☐ Discover ☐ Mastercard ☐ Visa Name on Card

Credit Card Number Expiration Date Zip Code

RECOGNITION

Name(s) for recognition in campaign materials

DONOR AGREEMENT

Signature Date

Signature Date

Please return this form to Briana Walsh, Chief Development Officer
 Email: bwalsh@childrenslawcenter.org | Direct: 202.467.4900 x582
 Mail: Children's Law Center, 250 Massachusetts Avenue NW, Suite 350,
 Washington, DC 20001

