

Thank you for partnering with us to end childhood hunger.  
Together, we are changing mealtimes and lifetimes!

In support of the Building Hope Campaign, please accept this

☐ gift ☐ pledge in the amount of: \$ \_\_\_\_\_

**If a pledge, please select a payment plan:**

Pledge reminders will be forwarded annually on your pledge date anniversary unless otherwise requested.

- ☐ An initial payment in the amount of: \$ \_\_\_\_\_ with the remaining balance to be paid  
☐ annually ☐ quarterly ☐ monthly ☐ other: \_\_\_\_\_
- ☐ Even payments over a period of ☐ one ☐ two ☐ three years

**If applying a corporate matching gift, please complete the following:**

- ☐ My gift or pledge will be matched by: \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_, to be matched ☐ once ☐ annually

**Please check all that apply:**

- ☐ I have reviewed the Naming Opportunities and would like to be recognized in the following area:  
\_\_\_\_\_
- ☐ Name as to appear in naming opportunity and public recognition:  
\_\_\_\_\_
- ☐ This gift is to remain anonymous.
- ☐ This gift is in honor/memory of: \_\_\_\_\_

**Select payment method:**

- ☐ Check - Enclosed in the amount of \$ \_\_\_\_\_
- ☐ Online - visit [kidsmealsinc.org/campaign](http://kidsmealsinc.org/campaign)
- ☐ Publicly Traded Securities or Electronic Funds Transfer - please contact Ali Flanders Dodson at [Ali@kidsmealsinc.org](mailto:Ali@kidsmealsinc.org)
- ☐ Phone - call 713-695-5437
- ☐ Credit Card - according the schedule selected above.  
Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Donor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_ **Email:** \_\_\_\_\_