

Donation Form

Donor(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home) _____ (office) _____

Yes, I want to take the path to restore my community by helping Pathways expand its facilities and programs.

I/we pledge a **TOTAL** of \$ _____

Enclosed please find \$ _____

The remainder of this commitment will be fulfilled with payments

of \$ _____ which will be contributed:

Annually Semi-Annually Quarterly

for a total of: 1 year 2 years 3 years

My gift will be matched by: _____

Company Name

A matching gift form is enclosed.

Other form of gift: _____

Gift of Stock: _____

I would like my gift to go to a specific program.

Please designate program

I/we would like our gift to remain anonymous.

Signature(s) _____ Date: _____

_____ Date: _____

Make gift(s) payable to: **Pathways Behavioral Services**
3362 University Avenue
Waterloo, Iowa 50701
www.pathwaysb.org