



**Campaign for the Next Decade
Gift Agreement**

I (we) hereby make a gift to Marin Community Clinics in the amount of \$ _____
to support the organization's *Campaign for the Next Decade*.

Please Indicate:

_____ I (we) intend to fulfill this contribution with a single payment for the gift amount noted above
to be made on ___/___/____ (date)

OR

_____ I (we) are making our gift as a pledge over time, with an initiating payment of \$ _____
to be made on ___/___/____ (date)

Subsequent payments, each in the amount of \$ _____ will be made in the
month of _____ in years (circle) 2021, 2022, 2023, 2024, 2025.

Public Listing:

Please list my (our) name(s) in acknowledgements and materials as:

OR

_____ Please do not use my (our) name(s) in any publications or written materials associated with
the *Campaign for the Next Decade*.

In the event that I (we) do not survive during the pledge commitment period stated above, I (we)
hereby instruct my (our) estate(s) to pay in full any outstanding amounts remaining in this agreement.

This Gift Agreement is executed in two (2) copies, both of which are deemed as originals.

Printed Name Donor Signature Date

Printed Name Donor Signature Date

Address City State ZIP

Telephone Alternative Telephone Email

Accepted for Marin Community Clinics Date

Please mail two signed agreements to: Judith Snead, Senior Director of Development,
Marin Community Clinics, P.O. Box 5008, Novato CA 94948. One signed original will be returned to you.

*Marin Community Clinics is a 501(c)(3) nonprofit corporation. Donations are tax deductible to the extent allowed by law.
Federal Tax ID Number 94-2237120. Donors are encouraged to consult their tax and estate planning advisors.*