

## **Peninsula Foundation Expansion in the West Capital Campaign**

**To the Board of Directors:**

I am pleased to join in supporting the Peninsula Foundation Capital Campaign for “Expansion in the West” to finance the expansion of apostolic activities of the Prelature of Opus Dei in California and other Western States.

I hereby express my intention to give over the next \_\_\_\_ years the sum of \$\_\_\_\_\_ or the following property or securities: \_\_\_\_\_  
\_\_\_\_\_.

Payments toward this commitment will be made as follows:

\$\_\_\_\_\_ now, and the remainder to be paid in \_\_ annual \_\_ semiannual \_\_ quarterly \_\_ monthly installments of \$\_\_\_\_\_ each, beginning in (year) \_\_\_\_\_ or in the following manner: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
(Date) (Signature)

**Name and address for correspondence:**

\_\_\_\_\_  
Name (please include title, e.g. , Mr., Mrs., Miss, Ms., Prof, Dr. etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Phone

Gifts to the Peninsula Foundation are tax-deductible. Reminders will be sent according to the schedule you have specified. Thank you very much for your commitment.

# Peninsula Foundation Expansion in the West Capital Campaign

## Bank Draft Payment Option

To provide for the growth of the apostolates of Opus Dei, I would like to make donations to the *Expansion in the West* Capital Campaign by **bank draft**. I understand that I can change or discontinue these drafts at any time by writing or calling the Peninsula Foundation. (Please fill out the address information on the first page).

I would like to make an ongoing contribution of \$\_\_\_\_\_

\_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ Semi-annually \_\_\_\_ Annually

\_\_\_\_ I authorize Peninsula Foundation to create a recurring checking account bank draft based on the ongoing contribution schedule selected above. Enclosed is a copy of my voided check.

If your check does not include a bank name and bank address, please include it here:

Bank Name: \_\_\_\_\_ Bank Address \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature \_\_\_\_\_

## Credit Card Payment Option

I would like to make payments to the *Expansion in the West* Capital Campaign by **credit card**. I hereby authorize Peninsula Foundation to charge my **credit card** in accordance with the payment schedule below. I understand that I can change or discontinue these charges at any time by writing or calling the Peninsula Foundation. (Please fill out the address information on the first page).

Credit Card: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express

Credit Card Number \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature