Imagine Donation Form

YES! I'd like to contribute to Imagine at this special moment in time. Enclosed is my gift of:

____$1,000 **____$ 100**

____$ 500 **____$ 50**

____$ 250 **____$ Other _____**

YES! I'd like to invest in Imagine as a member of its **Circle of Hope**. (Minimum of $5,000 over five years.)

____$5,000 ($1000/year for 5 years)

____$10,000 ($2,000/year for 5 years)

____$25,000 ($5,000/year for five years)

____ Enclosed is my first payment of $_____

____ YES! I'd like to contribute to the Imagine ***Campaign for Sustaina***

____ Please contact me to discuss the details of my pledge

____ I'd like a tour of the potential new space

_____ _____
Name Company (If Applicable)

_____ _____
Address City, State, Zip

_____ _____
Phone Email

_____ Check Enclosed (Payable to Imagine, Inc.)

_____ Credit Card Number: _____ Exp: _____z

_____ My company will match my gift. (Please include matching gift form in envelope)

Gifts in Honor or Memory

___ In Honor ___ In Memory

Name of Honoree:_____

Person to Notify: _____

Name: _____ City_____State ___ Zip:_____

Please mail this form and your payment to: Imagine, PO Box 711, Westfield, NJ 07090
For more information please contact: Amanda at 908-264-3100 or Email: Amanda@ImagineNJ.org