



Asian Health & Service Center

Bridge for New Generations Capital Campaign

Pledge Form for Business or Organization

Thank you for supporting the AHSC Capital Campaign. We will honor your generous support with transparent reporting on our progress, and accountability.

Company Name(s) _____

Address _____

Primary Contact _____ Title _____

Phone _____ Email _____

GIFT/PLEDGE INFORMATION

*Specific payment arrangements will be arranged and customized after your pledge form is received. **Options B and C are available for total pledges of \$5,000 or more.***

Option A: Single Payment of Pledge \$ _____ to be paid by _____

Option B: Annual Payment of \$ _____ x _____ years (up to 5 years)

Option C: Monthly Payment of \$ _____ x _____ months (up to 60 months)

Total pledge: \$ _____ THANK YOU!!

Signature _____

Print Name _____ Date _____

Please return your pledge form to:

Attn: Holden Leung, CEO

Asian Health & Service Center

3430 SE Powell Blvd, Portland, OR 97202

Phone: 503-872-8822 x206 Email: hleung@ahscpx.org

AHSC is a non-profit 501(c) 3 organization. Our Tax ID is 93-119-2100

Pledges may be faxed to: 503-872-8825