# A picture containing logo  Description automatically generatedText, logo, company name  Description automatically generated

# Yes, I/we would like to make a pledge commitment to Kathy’s House!

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gift Options (select as many as apply):**

Kathy’s House is a beneficiary or a recipient of the following:

• Will or trust

• Retirement savings account

• Life insurance policy

• Charitable gift annuity, charitable remainder trust, charitable lead trust

• Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Please contact me to discuss the details.

**Gift Amount (if known):** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_%.

• I/We choose not to disclose the approximate value at this time, or value is unknown.

**Recognition (select one):**

• My/Our name(s) can appear in print or can be recognized (as our names listed above).

• I/We wish to remain anonymous.

**• *Enclosed is my/our additional contribution for sustaining support today.***

***Thank you for supporting patients and caregivers!***

*For questions, contact Katie Sparks, Director of Philanthropy, at 414-453-8290 or* *katies@kathys-house.org* *9101 W. Doyne Ave. | Milwaukee, WI 53226 | EIN 39-2022115*