Imagine Donation Form

YES! I'd like to contribute to Imagine.

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.)

- ☐ *Join the Circle:* $1,000 per year for 5 years (only $83.33/month)
- ☐ *Imagine a Child: $1,500 per year for 5 years (this sponsors a child for a year)*
- ☐ *Imagine a Family: $5,000 per year for 5 years (sponsors a family for a year)*
- ☐ Imagine a School: $10,000 per year for 5 years (sponsors 3 schools for a year)
- ☐ *Imagine a Community:* $25,000 per year for 5 years (sponsors 5 families for a year)

Enclosed is my first payment of $_____

_____YES! I'd like to contribute to the ***Campaign for Sustainability - $10,000 minimum pledge ($3,333 per year for 3 years)***

____Please contact me to discuss the details of my pledge

_____ _____
Name Company (If Applicable)

_____ _____
Address City, State, Zip

_____ _____
Phone Email

_____Check Enclosed (Payable to Imagine, Inc.)

_____Credit Card Number:_____Exp:_____

_____ 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, 244 Sheffield Street, Mountainside, NJ 07092
For more information please contact: Val at 908-264-3100 or Email: val@imaginenj.org