

# CAMPAIGN PLEDGE FORM



## Donor Information (please print or type)

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

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ Phone (home): \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (business/cell): \_\_\_\_\_

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

## Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ for San Antonio Christian Dental Clinic's expansion campaign.

Please send me a pledge reminder:  now  monthly  quarterly  yearly until paid in full.

Amount to be paid:

Pledge Year 1: \_\_\_\_\_ Pledge Year 2: \_\_\_\_\_

I (we) will begin pledge payments in \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

## Acknowledgment Information

Please use the following name(s) in all acknowledgments and printed materials:

\_\_\_\_\_

I (We) wish to have our gift remain anonymous.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

## Please make checks, corporate matches, or other gifts payable to:

San Antonio Christian Dental Clinic, P.O. Box 831750, San Antonio, Texas 78283

210.220.2325 | [gloria@sachristiandental.org](mailto:gloria@sachristiandental.org)

# OPPORTUNITIES FOR NAMING

## **CLINIC**

**\$1 MILLION**

The desired name will be prominently displayed on the front doors, seen by all who enter the San Antonio Christian Dental Clinic.

## **LOBBY**

**\$850,000**

The desired name will be prominently displayed in the lobby where patients are seated while waiting for services.

## **RECEPTION WALL**

**\$750,000**

The desired name will be prominently displayed on the reception wall where patients check in and out.

## **MULTI-PURPOSE ROOM**

**\$500,000**

The desired name will be prominently displayed on the back wall where the dental assistant training program is hosted throughout the week. Additionally, this room will be used for meetings and small events.

## **SURGICAL SUITE**

**\$250,000**

The desired name will be displayed on the wall facing the clinic floor where all patients, providers, and visitors pass. The surgical suite is reserved for more complex treatments or individuals requiring individualized attention.

## **DENTAL LAB**

**\$150,000**

The desired name will be prominently displayed near the lab entrance where volunteers and providers flow throughout the day.

## **IMAGING ROOM**

**\$100,000**

The desired name will be prominently displayed near the entrance where providers and patients flow throughout clinic hours for imaging and x-rays.

## **LOBBY ARTWORK**

**\$75,000**

The desired name will be displayed near the principal artwork designed locally and especially for the Clinic

## **SEVEN DENTAL OPERATORIES**

**\$50,000 EACH**

The desired name will be displayed along the wall facing the clinic floor where all patients, providers, and visitors pass.

## **SHARED WORKSPACE**

**\$25,000**

The desired name will be displayed at the entrance of the shared workspace, visible to staff, volunteers, providers, and visitors.

## **RECEPTION CHAIRS**

**\$10,000 EACH**