

# ROOM TO HEAL CAPITAL CAMPAIGN

5025 Garland Street  
Lincoln, NE, 68504

BraveBe.org

P: 402-476-3200  
F: 402-476-5330



**YES!** I want to help make "Room to Heal" for child victims of abuse in Southeast Nebraska by supporting BraveBe Child Advocacy Center's Capital Campaign

## DONOR INFORMATION

Please print.

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

## DONATION/PLEDGE AMOUNT

I would like to provide the following level of support \$ \_\_\_\_\_

- I am making a one-time donation to the Capital Campaign  
 I would like my pledge to be paid over:  1 year  3 years  5 years  Other: \_\_\_\_\_

- I would like to be recognized on the Room to Heal website for my contribution as: \_\_\_\_\_  
 I would prefer for my donation to remain anonymous

## PAYMENT INFORMATION

- My check is enclosed. Check # \_\_\_\_\_  
 Please charge my contribution of \$ \_\_\_\_\_ to:  MC  Visa  Discover  AMEX

CARD NUMBER

EXP DATE

CSV NO.

## DONOR SIGNATURE

Required for all donors.

DONOR SIGNATURE

DATE

*BraveBe Child Advocacy Center is a 501(c)(3) nonprofit charitable organization.  
Contributions are deductible to the full extent of the law.*

### Capital Campaign Cabinet

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\* Also serves on BraveBe Child Advocacy Center Board of Directors

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