



**Contribution Form**

You may also visit <https://support.halcyonhouse.org/a/double-your-donation> to make your contribution today!

**Contribution Amount:** \$ \_\_\_\_\_

**Fulfillment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP Code</b>	
<b>Telephone</b>	
<b>E-Mail</b>	

***I/We wish to be acknowledged in all materials as follows:***

*I/We would like to remain anonymous.*

**Payment Frequency**

I prefer to fulfill my pledge with payments occurring:

- Once     
 Annually     
 Bi-Annually     
 Quarterly     
 Monthly

**Payment Information**

I will submit payment via check(s), payable to Halcyon, by the fulfillment date above. The address for mailing checks is below.

Please charge my **credit card** \$ \_\_\_\_\_ on my preferred payment schedule, by my fulfillment date above.

- American Express     
 MasterCard     
 Visa

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CCV Code: \_\_\_\_\_

**If you would like to make a gift of stock, please contact Kim Johnson Roberts at**

[k.roberts@halcyonhouse.org](mailto:k.roberts@halcyonhouse.org)

*I/We acknowledge that a pledge is considered an unconditional promise to give, and all contributions are treated as unrestricted unless otherwise indicated herein.*

Signature(s):
Date:

**Thank you for supporting Halcyon!**

Please mail or email this form to: Kim Johnson Roberts, Executive Vice President  
Halcyon, 3400 Prospect Street NW, Washington, DC 20007

[k.roberts@halcyonhouse.org](mailto:k.roberts@halcyonhouse.org)