



Commitment Form

I am pleased to provide financial support for the District Alliance for Safe Housing's Journey Home Campaign. My contribution is above and beyond my annual gift.

Total Campaign Donation \$ _____

DONOR CONTACT INFORMATION

Name _____
 Address _____ City _____ State _____ Zip Code _____
 Phone _____ Email _____

PAYMENT SCHEDULE (PLEASE CHECK ONE)

Denote amount(s) and payment schedule below.

- One-Time Gift _____
 Pledge:

YEAR	GIFT AMOUNT	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
2021					
2022					
2023					

PAYMENT METHOD (PLEASE CHECK ONE)

- Enclosed is my gift
 I will mail in a check(s) payable to DASH
 I would like to donate stock
 Charge my credit card for a one-time gift
 Charge my credit card for recurring gifts

BILILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

Credit Card Number _____
 Expiration Date _____ CVV Number _____ Zip Code _____

RECOGNITION

Name(s) for recognition in campaign materials _____

DONOR AGREEMENT

Signature _____ Date _____

Please return this form to **Meghan McDonough**, Director of Development

Email: MMcDonough@dashdc.org

Mail: DASH, PO Box 91730, Washington, DC 20090