



Partner Impact Response Form

Help us reach our goal of **1 Million Dollars** as we renovate our newly purchased facility in Pittsburg, CA.

Full Recognition Name: _____

Email: _____

Phone: _____

Address: _____

City/St/Zip: _____

Check here to keep your name anonymous.

Check here if this gift will be matched.

I/we pledge to support Options Health building campaign by making a gift of \$ _____

to be paid in Installments of \$ _____ or a one time gift to be paid in full by _____

Impact Giving

\$250 \$500 \$1,000 \$2,500 \$5,000 Other Amount _____

Gifts of \$1,000+ will be beautifully presented on a special group memorial wall in our new center.

Legacy of Life Naming Opportunities

\$10,000+ Ambassadors \$25,000+ Angels \$50,000+ Guardians

\$100,000+ Victors \$250,000+ Champions \$500,000+ Founders

Legacy of Life foundational gifts of \$10,000 + will receive special recognition in our new center.

Please complete the information below to pay by credit card.

Make checks payable to: Options Health, 5167 Clayton Rd, Ste H, Concord, CA 94521 or make your gift online at: www.optionshealth.org/donate.

Total Amount _____ Pledge Check Credit Card Gift of Stock

Name on Credit Card: _____

Card #: _____ Exp: _____ CCV: _____

Signature: _____ Date: _____

For general questions about this campaign, making a gift of stock, or a planned gift or bequest, please contact Leslie Harman at (925) 827-0100 or email Leslie.Harman@optionsHealth.org.

Gifts made toward this campaign are relied upon in addition to annual giving, which sustains our center.