

I/we wish to make a commitment to Mainspring: The Seacoast Social Services Collective

Contact Informati	ion							
First and Last Name: _								
Mailing Address:								
City:			State:		Zip:			
		(mobile)						
Email:								
Commitment Deta	ails							
I/we will commit \$	as a:							
■Yearly Pledge*	■ Monthly	Pledge *W	/hen would v	you like a ple	dge reminde	er sent to you	ı?	
■Cash Gift	■ Gift of S			,		_		
Gift Allocation for Multi-Year Commitment		Ca	Capital Campaign			Annual Giving*		
		2024	2025	2026	2024	2025	2026	
Total Annual Commitn	nent(s)							
Payment Instruct	ions (please ch	oose one)						
■ Check enclosed fo	r\$		Ch	ecks made pay	able to: Mains	spring		
■ I'd like to pay with								
Please let us know if	•	•			. 0	J		
■ I will make a gift o				e amount of	\$			
Brokerage Firm (n			•					
	, ,,	,	,					
We will contact you d	and provide you	with our stock t	transfer detail	ls.				
Acknowledgment	Plaasa nota h	ow you would li	ka this aift to	ha acknowlado	ued.			
9			ke tilis girt to	be acknowledg	cu.			
I/we are making the		_	-1-1:					
Acknowledge this		_						
This gift is 🔳 in	nonor of	in memory of	Nam	ie:				
Signature:						Date:		
Printed Name:								