

# Preparing for the Future



Please complete entire form and mail, email or deliver by hand (contact information on top of back side).

## 1. Donor Information *Your personal information will remain confidential.*

Name(s) *please print as you would like to be recognized.*  My gift should remain anonymous.

Address

City State ZIP

Preferred Email

Preferred Phone

## 2. My Total Pledge of \$ \_\_\_\_\_, is designated to:

- General Building Fund  Naming Opportunity: \_\_\_\_\_
- Specific Need (i.e. Landscaping, Furniture & Equipment, etc.): \_\_\_\_\_

## 3. Pledge Payment Schedule

- One-time** gift
- Multi-year** gift, payable over:
  - Two years
  - Three years
  - Four years
  - Five years
- Please send payment reminders:
  - Semi-Annually
  - Annually

*Continued on reverse* →

*Contributions to Our Lady's Inn are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). U.S. Federal Tax ID 43-1213571. Consult your accountant for clarification. Gifts must be postmarked before the end of the year to be eligible for a tax deduction in that year.*

**MISSOURI MATERNITY HOME TAX CREDIT**  
*As with most charitable donations, the donor may claim a federal income tax deduction. The Missouri Maternity Home Tax Credit allows the donor a credit equal to 70% of the monetary contribution to Our Lady's Inn. This credit is applied against the donor's Missouri state tax liability. Donors may claim up to \$50,000 for a Maternity Home Tax Credit which equates to a \$71,150 donation. The Missouri Maternity Home Tax Credit application must be submitted within one year of the donation date. The credit may be carried forward one year.*

I am interested in the Missouri Maternity Home Tax Credit



**Our Lady's Inn**

8790 Manchester Road, Suite 202 | St. Louis, MO 63144  
pforrest@ourladysinn.org | (314) 736-1544

**4. Payment Method**

**Check** enclosed (Payable to Our Lady's Inn)

**Charge** \$ \_\_\_\_\_ to my (please check one):

Visa     MasterCard     Discover     AMEX

Name on Card: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**Donor Advised Fund**

**IRA Charitable Rollover**

**Securities** (Contact Jacy Hedger at (314) 736-1544 or jhedger@ourladysinn.org with questions.)

WIRING INSTRUCTIONS

*Please deliver by DTC to:* Charles Schwab & Co.  
Orlando Operations Center, P.O. Box 628291  
Orlando, FL 32862-8291  
Brokerage Firm Phone: 1 (800) 515-2157  
  
Our Lady's Inn, DTC #0164, code 40, Account #2747-2881

_____	_____
Name of Security	Number of Shares
_____	_____
Donor's Broker (please print)	Broker Telephone

**5. Additional Ways to Give**

**Estate Gift**

- I have included a gift to Our Lady's Inn in my estate plan.
- I would like to learn more about including a gift to Our Lady's Inn in my estate plan.

**Matching Gift**

- I have requested a Matching Gift from my Employer.

**6. Signature(s)** *Sign below to confirm that all information provided is correct and honors your intentions.*

\_\_\_\_\_  
*Donor Signature* *Date*

\_\_\_\_\_  
*Donor Signature* *Date*

\_\_\_\_\_  
*Foundation Signature* *Date*