



## Pathways to Possibilities Pledge Form

Nexus Family Recovery Center is a 501(c)(3) organization. All gifts are tax-deductible in accordance with IRS regulations.

### Donor Information

Name: \_\_\_\_\_

☐ Name(s) to be used for recognition: ☐ Anonymous ☐ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Donation Information

☐ Multi-Year Pledge Total: \$\_\_\_\_\_ in installments paid over \_\_\_\_\_ years.

I would like to make a payment: ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Payment start date: \_\_\_\_\_

Amount of each payment: \$\_\_\_\_\_

#### Pathways to Possibilities commitments

- ☐ \$5,000 = \$1,000 per year for 5 years OR \$83.33 a month
- ☐ \$10,000 = \$2,000 per year for 5 years OR \$166 per month
- ☐ \$25,000 = \$5,000 per year for 5 years
- ☐ \$50,000 = \$10,000 per year for 5 years

☐ One-Time Gift of: \$\_\_\_\_\_

☐ Please check here if you would like the Nexus Family Recovery Center's philanthropy team to provide a courtesy pledge installment reminder

### Payment Options

☐ Contact me for my credit card information

☐ Pay by check (*Make check out to Nexus Family Recovery Center*)

Mail check to:

Nexus Family Recovery Center attn. Philanthropy

8733 La Prada Drive

Dallas, Texas 75228

☐ Pay by Nexus giving portal at [nexusrecovery.org/pathways-to-possibilities](https://nexusrecovery.org/pathways-to-possibilities)

☐ Pay by donor advised funds (DAF)

### Additional Information

☐ My company will match my gift. Company name: \_\_\_\_\_

☐ Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Donor(s) Signature

\_\_\_\_\_  
Date

For more information, contact Emily Stewart at 214-321-0156 ext. 2155 or [estewart@nexusrecovery.org](mailto:estewart@nexusrecovery.org).

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