

NAMING RECOGNITION OPPORTUNITIES



♥ **Open the doors! Lead the way and take the big step!** Prominent recognition displaying your leading support at the main entrance of the building: \$150,000

♥ **Open the conversation!** Discussions around the table equate to action in the community. Board Room Recognition: \$75,000

♥ **Life Line.** Building up adults with persistent mental health or substance abuse challenges and supporting them to be active community members. The Life Center Recognition: \$50,000

♥ **Family Bonds.** Early detection, therapy & support for our youth and families sets them up for success. PCIT & Family Counseling Room Recognition: \$25,000 each

♥ **Second Chances.** Choosing recovery can be a hard step. Providing second chances with wrap around services changes lives. Group Room Recognition: \$25,000

♥ **Reflection.** Self care is imperative to positive mental health. Sit, reflect, breath. Bench Recognition: \$10,000

♥ **Beauty.** Mental illness and substance abuse can be ugly, but there is so much beauty in healing. Landscape Marker Recognition: \$5,000

♥ **Giving.** Just like every second matters, so does every dollar. Your gift makes a difference. My level: \$ _____



GIVING TREE

In addition to receiving recognition stated in these naming categories, you will also be recognized on this large "Giving Tree" wall display in our main lobby illustrating our growing family tree of support.

(Recognition levels start at \$500.)

New address effective 1/30/2023: **1201 Arbor Drive**, South Sioux City
(mailing address: PO Box 355, South Sioux City, NE 68776)



Building
Rendition by
PLAN Architects.



"BREAKING GROUND TO STOP THE STIGMA"

A Capital Campaign for Heartland Counseling

-- MY COMMITMENT --

DONOR INFORMATION

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE(S): _____ EMAIL: _____

GIFT/PLEDGE INFORMATION

I/we pledge a total gift of \$ _____ to Heartland Counseling Services' Capital Campaign.
I/we wish to pledge this gift over ___1 ___2 ___3 years. (We request gifts under \$2,500 be made in one year.)
Amount Enclosed: \$ _____ Pledge Amount Remaining: \$ _____

*Credit Card Payment can be made online at www.heartlandcounselingservices.org/gift or by calling Business Administrator Kendra Gomez at 402-494-3337.

PAYMENT METHOD

I/we plan to make this contribution in the form of: ___ Cash ___ Check ___ Credit Card (see next section)
___ IRA Charitable Rollover ___ Stock ___ Other (please specify): _____
I/we intend to pay the balance as follows: ___ Monthly ___ Quarterly ___ Semiannually ___ Annually ___
I/we will bein paying on my/our pledge beginning (date): _____

SIGNATURE

Signature: _____ Date: _____

Please print your name as you would like it to appear in any campaign recognition materials:

(Check here ___ to be listed as anonymous.)

CREDIT CARD INFORMATION:

You may charge my credit card \$ _____ (check one)
___ Monthly ___ Quarterly ___ Semiannually ___ Annually
to fulfill my pledge balance of \$ _____

CC #: _____
Exp. Date: ___ / ___ CVC: _____ Billing Zip Code: _____

AUTOMATIC WITHDRAWAL INFORMATION:

You may electronically transfer \$ _____ (check one)
___ Monthly ___ Quarterly ___ Semiannually ___ Annually
to fulfill my pledge balance of \$ _____

Bank Routing #: _____
Account #: _____
Bank Name: _____



**HEARTLAND
COUNSELING
SERVICES INC**

Mail Registration and Check Payable to:
Heartland Counseling Services, PO Box 355, South Sioux City NE 68776
?: Contact Jennifer Hart at c: 978-807-2267 or hart@heartlandcounselingservices.com