



PLEDGE FORM

Donor Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

CC Type: Visa MC Discover Amex

CC Number: _____

Exp. Date: _____ **Amount: \$** _____

Purpose of Donation

- In honor of **OR** In memory of: _____
- Event Name (if applicable): _____
- Reoccurring Donation:
Reoccurring Donation Amount: \$ _____
Interval (when to be billed): Every _____ month(s)*
*one month minimum

Donation acknowledgement letter

An acknowledgment will only be sent if this portion of the form is completed

Recipient Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please add me to your mailing list! Yes No

Please add me to your monthly email newsletter! Yes No

THANK YOU FOR YOUR DONATION!