



2024 PLEDGE CARD

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____

PHONE NUMBER: _____

DISTRICT: _____

UNIT: _____

SIGNATURE: _____

TOTAL GIFT AMOUNT: _____

CREDIT CARD INFORMATION

NAME ON CARD: _____

CARD #: _____

EXPIRATION DATE: _____ MONTH _____ YEAR CVV: _____



GIVE NOW

- Payment Included (Cash/Check/Credit Card)
- Online Donation

GIVE LATER

- Bill Me Once: Month of _____
- Bill Me Monthly through December 2024
- Bill Me Quarterly through December 2024

NOTES