

PLEDGE FORM



SUNRISE OF PASCO, INC.

SUNRISE'S VISION IS TO LEAD OUR COMMUNITY IN CREATING AN ENVIRONMENT IN WHICH DOMESTIC AND SEXUAL VIOLENCE DOES NOT EXIST.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

NAME _____

BILLING ADDRESS _____

CITY, ST ZIP CODE _____

PHONE 1 | PHONE 2 _____

FAX | EMAIL _____

PLEDGE INFORMATION

I (WE) PLEDGE A TOTAL OF \$ _____

TO BE PAID:

☐ NOW ☐ MONTHLY ☐ QUARTERLY ☐ YEARLY

I (WE) PLAN TO MAKE THIS CONTRIBUTION IN THE FORM OF:

☐ CASH ☐ CHECK ☐ CREDIT CARD ☐ OTHER

CREDIT CARD TYPE | EXP. DATE _____

CREDIT CARD NUMBER _____

AUTHORIZED SIGNATURE _____

GIFT WILL BE MATCHED BY (COMPANY/FAMILY/FOUNDATION)

☐ FORM ENCLOSED ☐ FORM WILL BE FORWARDED

ACKNOWLEDGEMENT INFORMATION

PLEASE USE THE FOLLOWING NAME(S) IN ALL ACKNOWLEDGEMENTS:

☐ I (WE) WISH TO HAVE OUR GIFT REMAIN ANONYMOUS.

SIGNATURE(S)

DATE

PLEASE MAKE CHECKS PAYABLE TO: **SUNRISE OF PASCO, INC.**
PO BOX 928
DADE CITY, FL 33525