



Pledge Form

Yamhill County CASA

Sustaining Circle

Our work begins as a vision to provide a CASA for every child who needs one – and Is fulfilled through your generosity.

Donor Information (please print)

| | |
|---------------------------|--|
| Name | |
| Billing Address | |
| City, ST Zip | |
| Telephone (home) | |
| Telephone (office/mobile) | |
| E-Mail | |

Pledge Information

As an expression of commitment to this work, I wish to contribute the following *(please check one item per row)*:

| | | | | | |
|----------------|--|------------------------------------|--|-----------------------------------|---------------------------------|
| Amount: | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other: |
| Schedule: | <input type="checkbox"/> monthly | <input type="checkbox"/> quarterly | <input type="checkbox"/> semi-annually | <input type="checkbox"/> annually | <input type="checkbox"/> |
| Duration: | <input type="checkbox"/> 1 year | <input type="checkbox"/> 2 years | <input type="checkbox"/> 3 years | <input type="checkbox"/> Ongoing | <input type="checkbox"/> |
| Starting date: | <input type="checkbox"/> (enter date: _____) | | <input type="checkbox"/> no preference | | |

I plan to make this contribution in the following manner:

| | | | |
|------------------|----------------|----------------|-----------|
| Credit card type | Number | Exp. Date | Sec. Code |
| | | | |
| Bank Name | Account Number | Routing Number | |
| | | | |

Please send me a reminder

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

| |
|--|
| |
|--|

I (we) wish to have our gift remain anonymous.

X _____
Signature

Date

Thank you for your partnership!

*This organization is a 501c(3) tax exempt organization under IRS Section 170(b)(2)(iii) for both federal and state tax purposes.
Our federal tax identification number is 93-1178086.*