



Building Our New Village

Campaign Pledge Form





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Name _____

Firm Name (If Corporate Gift) _____

Address _____

City State Zip _____

Phone _____ Email _____

In recognition of the goals and objectives of the "PATCHES Village" Campaign, I wish to make the following investment in our children and families as follows:

- I pledge the total amount of: _____
- I prefer to make my total gift immediately, or
- I will make my pledge payments in the following manner:

Payments to be made

- | | | | |
|-----------------------------------|----------------|--------------------|-------------------|
| <input type="checkbox"/> Annually | \$ _____ | _____ | _____ |
| | Payment Amount | Number of Payments | Beginning (Mo/Yr) |
| <input type="checkbox"/> Other | \$ _____ | _____ | _____ |
| | Payment Amount | Number of Payments | Beginning (Mo/Yr) |

Signature _____ Date _____

Payment Information

- Enclosed is my pledge payment check. Please make checks payable to: PATCHES
- Please charge my: VISA MasterCard AMEX

Card Number _____ Exp. Date _____ CVC# _____

Authorizing Signature _____ Date _____

Your gift is tax deductible to the full extent allowed by law.
Please return this pledge form to:

PATCHES

335 South Krome Avenue, Florida City, FL 33034
Tel: 305-242-8122 Email: give@patchesvillage.org
Tax ID #: 65-1012818 / Florida Registration #: CH20049