



CAPITAL CAMPAIGN DONOR WALL PLEDGE FORM

Yes, I would like to be included on your donor wall!

NAME ON WALL

Please put this name on wall: _____

Other notes for clarity:

I am not choosing to be on the donor wall today, but would like to make a donation toward the capital campaign.

Payment Information

Name(s) making pledge _____

Monthly pledge amount (must be \$45 per month or more to have name on donor wall):

\$ _____ per month

The first payment to begin on (date) _____

Payment method: Check Visa MC AMEX Discover

Card number: _____

Exp. Date _____ CVV _____

Name on card: _____

Address: _____

Phone: _____

E-mail: _____

*Please make pledge to **Adelante Mujeres**. All contributions are tax-deductible to extent allowed by the law.*

Please save form and email to Evelyn at ecantoral@adelantemujeres.org or mail to:

2030 Main Street, Suite A, Forest Grove, OR 97116

THANK YOU FOR SUPPORTING ADELANTE MUJERES!