



PLEDGE FORM

Campaign for EveryChild



CONTACT INFORMATION

Name(s) _____

Address _____

City/State/Zip _____

Email _____ Phone _____

In support of the Campaign for EveryChild , I/We are pleased to pledge a gift in the total sum of \$ _____
to be paid in _____ installment(s) of \$ _____ each _____ (month/quarter/year)
beginning on _____ (Date).

In memory/honor of _____

I WOULD LIKE TO PAY VIA

☐ Cash/Check enclosed (payable to EveryChild) _____

☐ Credit Card (You can also give online at www.foreverychild.org/donate) _____

Name on Card _____

Card Number _____ Exp Date _____ CVV _____

- How would you like your name listed for donor recognition?

- I wish for my gift to be anonymous. ☐ Yes
- I wish to be contacted regarding gifts of stocks ☐ Yes ☐ No
- I wish to be contacted regarding estate gifts ☐ Yes ☐ No

SIGNATURE

Signature _____

EveryChild Representative _____

Processed Date _____