



6-Months Pledge Form

Donor's Information

Name _____ Phone _____

Address

Pledge Information cash check money order PayPal

I (we) pledge a total of \$_____ to be paid: now

I (we) pledge 6 months monthly payments of: (enter dates)

\$15_____ Starting on _____ Last pledge on _____

\$25_____ Starting on _____ Last pledge on _____

\$40_____ Starting on _____ Last pledge on _____

\$_____ (pick your amount) Starting on _____ Last pledge on _____

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

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

Signature _____

Date _____

**Our pledge to you & the community: "Your pledge will help us offer our programs to the community more often. Give us the opportunity to provide more items for our drives along with offering better family-based community events. We will make it our priority to make a difference in as many homes we possibly can. With your pledge we will be able to make our community better with one program & one day at a time."*

THANK YOU!

"In accordance with Title VII of the Civil Rights Act of 1964, state and federal law, no person or group shall be excluded from participation, denied any benefits, or subjected to discrimination on the basis of race, color, national origin age, sex, religion, handicap, and/or disability." If you feel that you are a victim of this in the limits of the City of Wilmington, please reach out to the "City of Wilmington"