

# Pledge Form

## Victim Services

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_\_  
now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_\_  
cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

### Acknowledgement Information

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

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

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Victim Services  
309 W Washington Street  
Brainerd, MN 56401