

Pledge Form



We Are Their Faces, Inc.

To educate, advocate & empower families in the community so they can reach their full potential in life, by overcoming poverty.

Donor Information (please print or type)

Person/Business Name _____
Billing address _____
City, ST, Zip Code _____
Phone Number _____
Fax | Email _____

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.

Credit card number _____
Exp. date | CVV _____
Authorized signature _____

Acknowledgement Information

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

I (we) wish to have our donation remain anonymous.

Signature(s)

Date

Please make checks payable to:

We Are Their Faces, Inc.
PO Box 30122
Wilmington, DE 19805