



# 6-Months Pledge Form

## Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax | Email \_\_\_\_\_

Pledge Information  cash  check

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

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

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

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Signature(s)

Date

Please make checks payable to:

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

*“When we give cheerfully and accept gratefully, everyone is blessed.” — Maya Angelou*

*So, we give you our pledge: Your pledge will help us connect with the community in many ways. We will make it our priority to make a difference in as many homes we possibly can. We will make part-time jobs available for parents & high schools students. With your pledges we will be able to make our community better one home at a time.*

*“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, Department of Human Resources, 4<sup>th</sup> Floor, 800 French ST, Wilmington, DE 19801.**”*