

# Pledge Form



## Real Wishes Foundation

*The mission of the Foundation is to pay it forward to our community which provides our livelihood. The Foundation will seek individuals or organizations in need and will work diligently to help fulfill those needs.*

### Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, ST Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
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

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: \_\_\_\_\_

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

Signature(s)

Date

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

Real Wishes Foundation  
125 S. Second Street  
Sierra Vista, AZ 85635