

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:

--

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

Signature(s)
Date

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

Victim Services
315 East River Rd, Ste 10
Brainerd, MN 56401