

Pledge Form



Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
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: ____ check ____ credit card ____ other.

Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	
Credit card number		
Expiration date		CVCC code (3-4 digits on back of card):
Authorized signature		

Gift will be matched by _____ (company/family/foundation).

____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please send an acknowledgement to the following person(s):

Honoree Name	Send acknowledgement to this address:

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

Signature(s)
Date

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

MPOWERING Kids
161 Drexel Avenue
Westbury, NY 11590

Phone: 516-874-1465