



Pledge Form

Donor Information (Please Print)

Donor Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Pledge Information

I (We) pledge a total of \$ _____ to be paid : Now Monthly Quarterly Yearly

I (We) intend make this contribution in the form of: Cash Check Credit Card Other: _____

Pledge Information

Name on Card: _____ Card #: _____

Exp. Date: _____ CVV Code: _____ Authorized Signature: _____

Acknowledgement Information

Please use the following name(s) in all

acknowledgements: _____

THANK YOU FOR YOUR GENEROUS PLEDGE!

Please email or mail your completed form to:

Tiffany Stafford

Email: tiffany.stafford@targethunger.org

Date: Friday, February 21, 2020

Time: 6:00 pm to 10:00 pm

Location: The Junior of League of Houston

