

Pledge Agreement

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone number: _____

Would you like us to mail/email (circle one) you an invoice for each installment? _____

Total amount of gift: \$ _____

This commitment is to be fulfilled:

- monthly
 quarterly
 semi-annually
 annually

Over _____ years, beginning _____.
(number of years) (month, year)

one time gift

My employer will match this gift. Please contact me for information.

Payment Options *(Please check appropriate boxes.)*

I wish to pay by check payable to CASA of the South Plains.

I wish to make electronic payments. Please contact me.

Please charge my credit card this time only for each payment installment

Visa Mastercard

Account Number _____

Expiration month/year ____/____ CVC# _____ Signature _____

Donor Recognition

Please use the following name (s) in all acknowledgments:

 I (we) wish to remain anonymous.

Signature of donor: _____

Date: _____

Please complete and return to CASA of the South Plains
916 Main Street, Suite 425, Lubbock, TX 79401
Fax: 806-763-2273
Thank you for your support!