

One Center One Hope One Community

Capital Campaign for South Florida Autism Center

Pledge Card

DONOR INFORMATION:

NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE NUMBER: _____

GIFT/PLEDGE INFORMATION:

I/WE WISH TO SUPPORT THE CAPITAL CAMPAIGN FOR SOUTH FLORIDA AUTISM CENTER.

I/WE PLEDGE A COMMITMENT OF \$ _____ IN CASH, STOCK, OR SECURITIES PAYABLE OVER THE NEXT:

1 YEAR 2 YEARS 3 YEARS

THE FIRST PAYMENT OF \$ _____ WILL BE MADE BY _____, 20 _____

SUBSEQUENT PAYMENTS OF \$ _____ WILL BE MADE ON THE FOLLOWING SCHEDULE:

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY OTHER _____

ENCLOSED IS OUR CHECK: YES NO I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS:

CREDIT CARD INFORMATION:

PLEASE CHARGE MY TAX-DEDUCTIBLE GIFT TO MY CREDIT CARD IN THE AMOUNT OF \$ _____

AMERICAN EXPRESS MASTER CARD VISA DISCOVER

CARDHOLDER'S NAME: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) _____

SIGNATURE: _____ DATE: _____

CONTACT ME ABOUT MEMORIALS OR NAMING OPPORTUNITIES: YES NO

Please make checks payable to: **Friends of South Florida Autism, Inc.**

All gifts are 100% tax deductible.

EIN #: 47-3240630