



I would like to support The Children's Campaign!

Donor Information (please print or type)

Name _____
Billing address _____
City, State Zip _____
Phone 1 _____
Email _____

Pledge Information

I/we pledge a total of \$ _____ to be paid: now monthly annually

I (we) plan to make this contribution in the form of: cash check credit card

other *please specify type:* _____

Credit card number _____

Credit card type | Exp. Date _____

Authorized signature _____

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:

The Children's Campaign
111 S Magnolia Dr. #3
Tallahassee, FL 32301