

Greater Dayton LGBT Center Pledge Form

THE GREATER DAYTON



Name: _____

Address: _____

City, State, Zip: _____

Phone: () _____

Email Address: _____

Name as you would like it to appear on any print materials:

If you prefer for your name to not be listed please initial here _____

Please accept my pledge for:

2016 2017 in the amount of: \$ _____

I will I will fulfill my pledge in the following way:

Check enclosed (Please make payable to Greater Dayton LGBT Center).

Please charge my credit card for the full amount of \$ _____.*
*(Please complete credit card information below).

Please charge my credit card* \$ _____ every
_____ month(s) until notified to terminate.

Please send an invoice to my attention (please choose)
◁ Semi-annually in months _____ and _____.

◁ Annually in the following month: _____.

My company will match my donation. Contact _____

*Credit Card Information (if applicable) Visa MasterCard Amex
Card #: _____

Exp. Date: _____ CVV # _____

Signature: _____ Date: _____