



Pledge Form

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid: ____ now ____ monthly ____ quarterly ____ yearly.
 In an amount of \$ _____ per ____ month ____ quarter ____ year

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

Credit card type	
Credit card number	
Expiration 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:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Center for Urban Families
 3002 Druid Park Drive
 Baltimore, MD 21215