

FR1ENDS of the CH1LDREN

Generational Change,
One Child at a Time

Seattle

Donation Pledge Form

I/We would like to support professional mentoring for youth by making a pledge to Friends of the Children.

Name(s) _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Name as you would like to be recognized (if different from above) _____

Anonymous (website or/and annual report recognition): Yes No

Pledge Information:

I/We pledge \$ _____ to supporting Friends of the Children-Seattle.

My company matches Yes No ___ Company/Organization: _____

Pledge Schedule:

Please bill me in full on: _____ (Month/Year)

Payment Schedule: please bill me for \$ _____ Annually Semi-Annually Quarterly Monthly

Starting Date: _____ (Month/Year) Ending Date: _____ (Month/Year)

Payment Method:

Please charge my credit card: _____ (name on card)

Card Number _____ Expiration Date _____

My check is enclosed. (Checks may be mailed to PO Box 18886, Seattle WA 98118)

Stock transfer – please notify us prior to transferring stock

I'd like to learn more about including Friends of the Children – Seattle in my will

Other (please specify) _____

Signature: _____ Date: _____

Thank you for your support!

Friends of the Children is a nonprofit 501(c)(3) organization registered with the IRS (Tax ID 91-2047030)

PO Box 18886 Seattle, WA 98118

tel 206.328.3535 - fax 206.328.6985 - www.friendsseattle.org