

Pledge Form

Donor Information (Please print or type)

Name			
Address			
City			
State	Zip		
Phone (Home)			
Phone (Business)			
Fax	Email		

Pledge Information

I (we) pledge a total of \$_____ to be paid:
 Now Monthly Quarterly Annually Other, please describe: _____

I (we) plan to make this contribution in the form of:
 Cash Check Stock (Contact: the executive director @ the clinic, 910-246-5333
 or visit the website, www.moorefreecare.org for full details.)

Gift will be matched by _____(company/family/foundation).
 Form enclosed Form will be forwarded

Memorial Gifts

Please use the following name(s):

Honoree(s) Name	
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(For memorial gifts: We will send an acknowledgement of your gift to the person(s) named below:


Name			
Address			
City			
State	Zip		

Acknowledgement Information

Please use the following name(s) in all public acknowledgements:

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

 Signature(s)	
Date	