



Annual Pledge Form

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COMPANY _____ CONTACT _____
ADDRESS _____ CITY, STATE, ZIP _____
EMAIL _____ PHONE _____

 All donors will be recognized on our website and annual report.

1 Please complete the amounts you would like to pledge.

TOTAL \$ _____

2 Please identify your preferred method of payment

OUR CHECK IS ENCLOSED

3 Signature _____ Date _____