



# Pledge Form

## St. Joseph Peace Mission for Children

A safe, caring Christian environment for abused and neglected children

### Donor Information (please print or type)

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.

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 \_\_\_\_\_. \_\_\_\_ 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:

St. Joseph Peace Mission for Children  
PO Box 1048  
Owensboro, KY 42304