



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