



PLEDGE FORM

I am/We are pleased to contribute to My Place Teen Center.

NAME(s) _____

GIFT: I/We pledge a total sum of \$ _____ to be paid over ____ years, in the following payments:

- \$ _____ monthly \$ _____ semi-annually
- \$ _____ quarterly \$ _____ annually

Other: (please specify)

I/We plan to begin payments on: ____ / ____ / ____

I/We plan to make my/our contribution in the form of:

- Cash Check Credit Card Other _____

If paying by credit card (Visa or MasterCard):

Name _____ Account Number _____

Exp Date _____ Sec Code _____ Signature _____

DONOR RECOGNITION: Please recognize me (us) in the MPTC campaign materials as follows:

Name(s): _____

In Memory In Honor of: _____

I/We would like this contribution recognized with the following Legacy Naming Opportunity:

Anonymous

Signature: _____ Date: ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

Address: _____

Email: _____ Phone: _____

On behalf of My Place Teen Center, thank you for your commitment to our teens.

Unless noted otherwise, all gifts are unrestricted and allocated according to campaign needs.