

Changing How Military Families Heal



ANNUAL SUPPORT PLEDGE FORM

I PLEDGE

\$1,000 \$500 \$250 \$100 Other _____

YOUR NAME: _____

This is a donation from my company or business:

BUSINESS NAME _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone _____ Home Business Cell

Email Address: _____

How would you like to be recognized?

I wish to remain anonymous

My employer will match my gift

EMPLOYER NAME

I'm not sure if my company will match my gift, please look up

This gift is in honor/memory of:

PAYMENT OPTIONS

Please check **ONE** of the three following options

OPTION 1:

Payment enclosed in full in the amount of \$ _____

Cash Check

Please make checks payable to: Project Sanctuary

Completed pledge forms and payments can be sent to:

Project Sanctuary
P.O. Box 1563
Granby, CO 80446

OPTION 2:

Send an invoice in the amount of \$ _____

Monthly
 Quarterly*
 Once in the month of _____
 Other _____

*Quarterly: March, June, September and December

OPTION 3:

Please charge my credit card \$ _____

Monthly Quarterly* Once in the month of _____ Other _____

Name on Card _____

Account Number _____

Expiration Date _____ V-Code _____ Card Zip Code _____

IT IS MY INTENT TO PAY THIS GIFT BY ONE OF THE ABOVE OPTIONS

Signature _____

Date _____

Please email completed and signed form to: Tracy@projectsanctuary.us