

Pledge Form



Donor Information (Please print or type)

Name	
Address	
City	
State	Zip
Phone (Home)	
Phone (Business)	
Fax	Email

Pledge Information

I (we) pledge a total of \$_____ to be paid:

Now Monthly Quarterly Annually Other, please describe: _____

I (we) plan to make this contribution in the form of:

Cash Check

Credit Card

Card Type:_____ Card Number:_____ Expiration Date:_____ Security Code:_____

Stock (Contact: the executive director @ the clinic, 910-246-5333 or visit the website, www.moorefreecare.org for full details.)

Gift will be matched by _____(company/family/foundation).

Form enclosed Form will be forwarded

Memorial Gifts

Please use the following name(s):

**Honoree(s)
Name**

(For memorial gifts: We will send an acknowledgement of your gift to the person(s) named below:

Name	
Address	
City	
State	Zip

Acknowledgement Information

Please use the following name(s) in all public acknowledgements:

Name	_____
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I (we) wish to have our gift remain anonymous.

Signature(s)	_____
Date	_____

Moore Free Care Clinic is a registered 501 (c) (3) organization. The tax ID# is 01-0781234. Please make checks, corporate matches, or other gifts payable to: **Moore Free Care Clinic, Inc., 211 Trimble Plant Rd., Southern Pines NC 28387**

Phone: 910.246.5333 • Fax: 910.246.5330 • www.moorefreecare.org (091704)