



child development council

Pledge Form

Name _____

Billing address _____

City _____ State _____ ZIP Code _____

Telephone (home) _____ Telephone (business) _____

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

Credit card type MasterCard Visa

Credit card number _____

Expiration date ____/____

Authorized signature _____

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

I would like my donation to be used for _____

I (we) wish to have the gift remain anonymous.

Signature(s) _____

Date ____/____/____

Please make checks, corporate matches, or other gifts payable to:

Child Development Council
609 W. Clinton St.
Ithaca, NY 14850