



Pledge Form

Please print this pledge form and return it to:
Voice of the Faithful,
P.O. Box 423, Newton, MA 02464

Yes, I will support Voice of the Faithful with a pledge at the following level:

_____ \$25,000	_____ \$10,000	_____ \$7,500	_____ \$5,000
_____ \$2,500	_____ \$1,000	_____ \$500	Other: \$ _____

I understand that my pledge may be paid with a single gift or with installments. I intend to complete this pledge by:

_____ Today or With gifts on these dates _____

Note: You also may charge monthly installments to a credit card (see below).

SIGNATURE _____ DATE OF PLEDGE _____

NAME: _____

ADDRESS _____

Please print Email address: _____

My check is enclosed, in the amount of _____ Please bill my credit card in the amount of _____

CARD _____ (AMEX, MASTERCARD, VISA)

NUMBER ON CARD _____

NAME ON CARD _____ EXPIRE DATE _____

For internal use only

Date entered: _____ by: _____ (name)

Recorded by: _____ (Executive Director _____ (date)

_____ (Controller) _____ (date)