



SAFE HOUSE for WOMEN

SAFE TOMORROWS SHELTER CAMPAIGN PLEDGE FORM

DONOR INFORMATION

Name/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

DONOR RECOGNITION *(Donors will be recognized in campaign materials unless anonymous gift is requested.)*

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

_____ I (We) wish to remain anonymous.

PLEDGE INFORMATION

I (We) hereby contribute cash and/or assets to the Safe House for Women's Safe Tomorrows Shelter Campaign Fund.

I (We) pledge a total of \$_____.

Payable as follows: \$_____ in a single payment.

\$_____ per month for _____ months. *(Please select 2 to 60 months.)*

\$_____ per year for _____ years. *(Please select 2 to 5 years.)*

PAYMENT INFORMATION

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

_____ Cash _____ Check _____ Credit Card _____ Stock _____ Property

_____ Other: _____

Please charge my credit card: _____ Visa _____ Master Card _____ Discover

Credit Card Number: _____ Expiration: _____ / _____ (MM/YY)

Authorized Credit Card Signature: _____

My gift will be matched by: _____

Pledges may be sent to: Safe House for Women Safe Tomorrows Shelter Campaign, P.O. Box 1167, Cape Girardeau, MO 63702.

The Safe House for Women is a not-for-profit 501c3 organization. All gifts are tax deductible as provided by law.

Cash gifts over \$100 are eligible for the Domestic Violence Tax Credit program. *Thank you!*