



Yes! I'd Like to Give To Bridge DA Gap!

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Return this top section to your Payroll Department.

I WANT TO GIVE THROUGH PAYROLL DEDUCTION

Each pay period I will donate:

- \$50 \$25 \$10 Other \$

For a Total Yearly Pledge of \$

Full Name (Please print)
Employee Number (If applicable)
SIGNATURE (Required for payroll deduction) DATE
Total Payroll Deduction \$

OR, I WANT TO GIVE \$ THROUGH THE FOLLOWING:

(Total Yearly Pledge)

- I have enclosed my gift in the form of: Cash Stock Personal Check Return this middle section to Bridge DA Gap Movement, Inc.

(Checks Payable to Bridge DA Gap Movement, Inc. See below for mailing address)

- Please Send Me a Bill Choose one: One time Semi-Annually* Quarterly* Monthly* Starting on: / /
Charge My Credit Card (Minimum \$50) (*Minimum \$30 per bill/charge)

Credit Card # Exp. Date / / Sec. Code
SIGNATURE DATE
Billing Zip

My Contact Information

Full Name: (Print clearly) Employer:

Home Address Apt # City State Zip Birthdate (MM/DD/YYYY)

Home Phone Work Phone Home Email Address Preferred Work Email Address Preferred

- I want my personal information published.
I wish to remain anonymous in all publications.

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THANK YOU FOR YOUR DONATION!



Your Receipt

2016 Bridge DA Gap Movement, Inc. Pledge Form

Please retain this bottom section for your records.

Name \$ Total Annual Contribution Date